



Rye Community Primary School & Starfish Pre-school
The Grove, Rye, East Sussex TN31 7ND
www.ryeprimary.co.uk
Executive Headteacher: Mr Barry Blakelock
Headteacher: Miss Kelly Martin
office@ryeprimary.co.uk
01797 222825



Wednesday, 17th May 2023

Dear Parents and Carers,

As part of our History learning over the last few terms, Year 3 and 4 children have been given an unexpected opportunity to visit Dover Castle on Tuesday 23rd May, this is due to a cancellation from another school. We will be consolidating our learning about the Romans, Anglo-Saxons and the Vikings.

We will be travelling by coach, leaving school at 9:00am and returning by 3:00pm. The children will need to wear full school uniform, a coat and a backpack, as they will be carrying their lunch with them. Please avoid chocolate and sweets as we want to avoid children feeling unwell on the coach.

We require consent to take your child on the trip; children without consent will be unable to attend. We are asking parents/carers to make a voluntary contribution of £12.15 towards the cost of the visit. As with all additional experiences, if we do not receive enough voluntary contributions, then the trip may have to be cancelled. You can pay online via ParentPay (the web-based system we use to pay for school meals). We are happy to receive instalments of any amount in advance of the trip, we are also happy to receive money after the trip date as we realise that this opportunity has been sprung upon us, but it was too good to miss!

We hope you will support us in enabling our children to explore the history of Dover Castle.

Best Wishes,

Miss K Martin

Headteacher



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Please complete and return to school by Friday 19th May.

I give permission for my child (Name) to take part in the trip to Dover Castle on Tuesday 23rd May.

I have paid £..... online on ParentPay for the cost of the trip.

My child is entitled to Free School Meals and would like a packed lunch provided by the canteen.

Signed..... Parent/Guardian

Medical form

Does your child suffer from any allergy, illness or disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide further details, including any prescribed medication, times and doses.		
Do you consent to your child receiving first aid during the school trip?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to your child receiving urgent care during the school trip, including the use of anaesthesia, if deemed necessary by medical professionals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I can confirm that the information I have provided within this form is accurate. I am also happy for my child to receive first aid or urgent medical care whilst on a school trip or activity.	
Name of parent	
Emergency contact number one	
Name of contact	
Emergency contact number two	

Permission form

By signing this form, I agree to the terms outlined in the letter that enables my child to participate in all of the listed school trips attached to this form.	
Name of pupil	
Year group	
Name of parent	
Signed	
Date	