

## 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

14<sup>th</sup> June 2023

Dear Parents and Carers,

As part of our enrichment curriculum, the Year 5 children have been given a fantastic opportunity to visit The Hastings Academy on Friday 30<sup>th</sup> June 13:15-14:45.

The children will be leaving school after lunch but may return around 3:15pm, depending on traffic. They will just need their water bottle with them.

The session will include a performance of a Shakepeare play by a group of Year 9 students, followed by an exciting workshop, where the children will work along side the Year 9 children to develop their drama skills as budding thespains.

We require consent to take your child on the trip; children without consent will be unable to accompany us. We are asking parents/carers to make a voluntary contribution of £8.90 towards the cost of the visit. As is always the case, if we do not receive enough voluntary contributions, the trip may not take place. You can pay online via ParentPay and we are happy to receive instalments of any amount in advance of the trip.

We hope you will support us in enabling our children to participate in a unique and educational visit to learn new drama techniques.

**Best Wishes** 

Miss K Martin

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Headteacher





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e complete and return to school l	by Monday 19th Jun	ne 2023.	
permission for my child emy on Friday 30th June.		(Name) to take part in the trip to Hasting	
paid £ online o	n ParentPay for the	cost of the tri	p.
d	Parent/Guard	dian	
	Medic	al form	
Does your child suffer from a or disability?			No □
If yes please provide further de			
Do you consent to your child receiving first aid during the school trip?		Yes □	No □
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 □	No □
I can confirm that the information happy for my child to receive activity.			
Name of parent			
Emergency contact number on	е		
Name of contact			
Emergency contact number two	0		
By signing this form, I agree participate in all of the listed	to the terms outlin		
Name of pupil			
Year group			
Name of parent			
Signed			
Date			

