

Headteacher: Mr Chris Johnson

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Creating opportunities for everyone

26<sup>th</sup> February 2020

Dear Parents/Carers,

Phoenix have been invited to attend a Science enrichment workshop which is being held at the Discovery Park in Sandwich on Friday 13<sup>th</sup> March. We will be leaving school at approximately 11.30am and we are hoping to be back around 4.00pm; depending on traffic!

We are only able to take a few children and your child has been chosen to represent the school for this event. If your child does not want to attend please let us know immediately so we can offer this space to another child.

Please indicate on the permission slip whether you will be collecting your child from school or if they are to walk home on their own on their return. Please note the school takes no responsibility for your child once they have left the school premises. The organisers will be taking photos and videos of the children attending and they may use this for future promotional purposes.

All children will need a packed lunch, if your child is entitled to free school meals Contract Dining will provide this for you. Please do not send your child with a can, glass bottle or fizzy drinks.

Please complete and return the permission slip urgently.

Thank you for your cooperation in this matter.

Yours sincerely,

Mr Chris Johnson  
Headteacher

Discovery Park permission slip – Friday 13<sup>th</sup> March

\*\*\*\*\* PLEASE INDICATE ONE CHOICE \*\*\*\*\*

I give permission for my child..... to attend the school visit as stated above. I confirm that it is okay for the organisers to use any photo or video's taken of my child for their own future promotional purposes.	Yes
My child ..... does not want to go on this trip. Please offer their space to another child.	Yes

My child is allowed to walk home alone

 Yes/No

(please indicate as appropriate)

In the event of my child requiring emergency treatment and the Headteacher (or his representative) being unable to contact me, I give consent for the member of staff accompanying my child to hospital to approve the application of any emergency treatment including anaesthetic as advised by the medical authorities for the well-being of my child.

My child is allergic to/suffers from .....

Emergency telephone number .....

Signed..... Date.....

Name of parent/carer.....

