



'Learning together, loving others, guided by God'

Heene Church of England (Aided) Primary School

Headteacher: Mrs Jo MacGovern

Wednesday 15th November 2017

YEARS 3+4 SNOW WHITE AND THE SEVEN DWARFS – PAVILION THEATRE

FRIDAY 8TH DECEMBER

We will be walking and children will need to be in school at the usual time for registration. We will leave straight after registration and return at lunchtime.

We ask you to make a voluntary contribution of £7.50 to cover the cost of this visit, as Heene Helping Hands have very kindly offered to contribute £5 towards the cost. Although we are able to subsidise trips to some degree, unless those parents who are able make a contribution do so, it is probable that these visits could not take place. We appreciate that some families might find it difficult to contribute all or part of the suggested sum and, if you feel that you are in such a position, please do not hesitate to speak to one of us or the Head Teacher, in confidence, to discuss whether some suitable arrangements can be made to cover the cost of your child's participation. If your child currently receives/has received free school meals (FSM) or is a 'Services' or 'Looked After' child we do not require a contribution. If you think your child may be eligible for FSM please speak to a member of staff in the office.

The children can bring their drinks bottle but will not need to bring any snacks.

Please complete the attached reply slip and enclose your payment in a named envelope returning it to either the school office or your class teacher **no later than Friday 24th November 2017.**

Many thanks for your continued support as always.

Mrs Jo MacGovern

Head Teacher



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SCHOOL TRIP CONSENT FORM

RETURN TO CLASS TEACHER AS SOON AS POSSIBLE

FRIDAY 24th NOVEMBER AT THE LATEST

Trip: Year 3/4 - Pantomime	Date: Friday 8th December 2017
I/we give permission for:	
Class: _____ to participate in the above-named trip	
PLEASE TICK ALL THAT APPLY:	
I enclose a voluntary contribution of £7.50	[]
My child has previously received free school meals or is a Services or Looked After child	[]
I would like to offer my time to support my child's class on this visit	[]
Relationship to child:	
Name:	Please contact me on:
PLEASE SIGN TO GIVE CONSENT:	
I consent to any emergency medical treatment necessary during the course of the visit	
Signed:	Date: