

Headteacher: Mr J Grant

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November 2019

## Dear Parent/Carer

Thank you for agreeing to let your child read/help with the collection at the school Carol Service which is to be held at St Swithun's Church on Wednesday 18th December.

In order to practise their readings in the church, we will be walking up to St Swithun's during the day. We will walk up as a group. They should be wearing their outside coats and be prepared for rain as it is a ten minute walk to the church.

We will walk back to school after the rehearsal. Timings of the rehearsal are yet to be confirmed but should the rehearsal end close to 3.00pm and you are happy for your child to walk directly home from the church, please indicate on the attached slip.

We will use the emergency contact details we have on our database for your child for this trip. If however, the contact details will be different for the duration of this trip, please fill in the details on the attached slip.

Insurance for all school trips is arranged through West Sussex County Council. Full details of the policy can be found on our website at <a href="http://www.sackville.wsussex.sch.uk/?page">http://www.sackville.wsussex.sch.uk/?page</a> id=26728.

In the evening the service begins at 6.30pm but the helpers need to arrive at 5.45pm wearing their full school uniform. Please make sure that this is smart. The service is expected to end at 7.30pm; thank you again for agreeing to collect them from the church and taking them home after.

I do hope that you and your family will be able to attend the service as it is always a lovely occasion.

Yours sincerely

Mrs G Beeney **Teacher** 













To: Mrs G Beeney
I am happy for my child
To take part in the school Carol Service which is to be held at St Swithun's Church on Wednesday $18^{\rm th}$ December.
My child may/may not make their own way home from the church after the rehearsal if it finishes close to $3.00\mathrm{pm}$ .
(please delete as appropriate)
I will make arrangements for him/her to be collected after the service.
Emergency contact telephone number
Emergency contact name (please print)
Parent/Carer name (please sign)
Parent/Carer name (please print)
Date