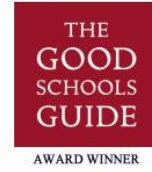




Headteacher: Mr J Grant
 Sackville School, Lewes Road, East Grinstead,
 West Sussex RH19 3TY
 Tel: 01342 410140 Fax: 01342 315544
 Email: secretary@sackvilleschool.org.uk
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September 2019

Dear Parent/Carer

I would like to ask your child to take part in the English Schools National Swimming Relay Championships for secondary schools. The gala will take place at Horsham Pavilions on Wednesday 2nd October 2019.

Students involved will have to meet at the PE office at 10.50am on Wednesday 2nd October and will travel by coach. You are invited to make a voluntary contribution of £10 which will cover the cost of the visit including transport and other incidental costs. I must, however, tell you that as the school could not bear the cost of the visit, the visit will not take place unless parents, who are able to, are willing to contribute. Insurance for all school trips is arranged through West Sussex County Council. Full details of the policy can be found on our website at <https://sackville.w-sussex.sch.uk/parents/school-trip-insurance/>. **Peanuts or peanut related products are not allowed to be taken on any school visit.**

The gala starts at 12 noon and we will return to school at approx 4.30pm. Students may want to bring a small amount of money along for lockers and food. We would also welcome any parents that would like to join us in supporting your child at the event.

Please complete the attached permission slip to confirm your child's participation in this activity and return it to us by Friday 20th September 2019.

Yours sincerely

Miss K Offler
Teacher of PE

To: Miss Offler-PE office

Child's name..... Form

I do/do not give consent for my child to attend the English Schools National Swimming Relay Championships at the Horsham Pavilions on Wednesday 2nd October 2019 (please delete as appropriate)

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 below:

Emergency contact telephone number _____

Emergency contact name (please print) _____

Parent/Carer name (please sign) _____

Parent/Carer name (please print) _____

Date _____

