

Headteacher: **Mr J Grant** Sackville School, Lewes Road, East Grinstead, West Sussex RH19 3TY

Tel: 01342 410140 Fax: 01342 315544 Email: secretary@sackville.w-sussex.sch.uk www.sackville.w-sussex.sch.uk

November 2014

Dear Parent/Carer

The year 13 Travel and Tourism students are holding a Christmas quiz in the main hall after school on Friday 5th December to raise money for Text Santa. The quiz will start at 3.30pm and is open to year groups 7-11. The quiz will finish at around 5.00pm. Students will be able to come straight to the main hall after period 5 to meet with their teams and get settled before the quiz. The quiz is open to teams of between 4 and 6 people. To enter, please complete the attached slip and return it to Mr Robinson or Mr Attrill by 28th November.

The cost to enter the quiz is a £3 charity contribution which will cover refreshments including pizza, prizes and a contribution to Text Santa. Text Santa has been selected because they represent several charities, such as:

Alzheimer's Society Marie Curie Cancer Care Guide Dogs Teenage Cancer Trust Together for Short Lives WellChild

Payments can be made via the school's online payment system or by cheque. The quiz master for the evening will be Mr Maywood and there will also be a teacher team for the student teams to try and beat.

There will be a selection of amazing prizes for the best teams, so it's well worth teams scrubbing up on their Christmas knowledge!

Yours sincerely

Abbie Kearn, Lauren Nichols, Sarah Bentley, Natalie Huggett and Georgia Banham Year 13 Travel and Tourism Mr N Robinson Curriculum Leader of Travel and Tourism















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| To: Mr Robinson or Mr Attrill | |
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| Name of student | Form |
| I give permission for my child to attend the Travel and Tourism Christmas quiz on Friday 5 th December. | |
| I have forwarded a ± 3 charitable contribution via the online payment system/I enclose a cheque for ± 3 made payable to Sackville School (please delete as appropriate). | |
| Team name | |
| Number of people in your team | |
| Please state any food allergies or dietary requirements | |
| | |
| | |
| Signed Parent/Carer | Date |











