



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
www.sackville.w-sussex.sch.uk



November 2019

Dear Parent/Carer

Year 7 Children in Need Silent Disco – Friday 15th November 2019

Your child has been invited to a silent disco from 3.30pm - 5.30pm on Friday 15th November 2019 in the main hall. This event has been organised by the year team to help celebrate the success of the last half term and to help raise funds for Children in Need.

At the disco there will be the opportunity to purchase refreshments, so your child may like to bring a small amount of money with them. Children will be able to stay after school and as the day is a planned non-uniform day students can remain wearing their casual clothes.

You are invited to make a voluntary contribution of £5.00, which will cover the cost of the silent disco. I must, however, tell you that as the school could not bear the cost of this event, the silent disco will not take place unless parents, who are able to, are willing to contribute. Please make payment via the online payment system.

If your child is eligible for the Pupil Premium government grant we would like to offer them a complimentary place. All you need to do is tick the consent box on the online payment system. If, however, you would like to make a contribution towards the cost you are also able to make a payment.

If your child would like to attend I ask that you complete and return the attached reply slip to the finance office, no later than Tuesday 12th November 2019. This is to ensure that we have enough places for all those students who wish to attend this event.

Yours sincerely,

Mrs M Tingley
Leader of Year 7



To: Finance office

Year 7 Children in Need Silent Disco - Friday 15th November 2019

Name of student _____ Form _____

I give permission for my child to attend the silent disco.

I have paid £5.00 to Sackville School via the online payment system

My child is eligible for the Pupil Premium Government grant

Parent/Carer name (please sign) _____

Parent/Carer name (please print) _____

Date _____