

Headteacher: Mr J Grant

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September 2015

Dear Parent/Carer

I do hope you have had a pleasant summer. As stated in the letter sent out in June we plan to visit the south coast on Wednesday 7th October to enrich the syllabus being taught in geography lessons this term. We will travel by coach to three locations where we will study coastal processes and protection from erosion. The visit will take place within normal school hours so no alternative travel arrangements will need to be made.

You are invited to make a voluntary contribution of £12.00 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 all parents, who are able, are willing to contribute. Payment can be made via the online payment. Alternatively your may send in a cheque. If you have already paid before the summer, thank you for your contribution - your child's place has been secured on the trip.

Please complete the reply slip and return by Friday 25th September to the finance office.

It will not be necessary to wear school uniform on the trip but it is essential that all students wear **warm** clothes with **suitable** footwear and that they bring a **waterproof jacket** and a **packed lunch**. There will be nowhere for students to buy food during the day.

It is hoped that all students will take advantage of the opportunity that this visit presents to study geography outside the classroom. If you have any questions please do not hesitate to contact me by email.

Yours sincerely

| Mr J Attrill Teacher of Geography jattrill@wsgfl.org.uk | | |
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| To: The finance office | | |
| Name of student | | Form |
| I give permission for my child to tak | e part in the trip to the south coast on \ | Wednesday 7 th October 2015. |
| I have paid via the online payment s (please delete as appropriate). | system/I enclose a cheque, made payab | le to Sackville School, for £12.00 |
| | details we have on our database for you ne duration of this trip, please fill in the | |
| Emergency contact telephone number | er | |
| Emergency contact name (please pri | int) | |
| Signed | Parent/Carer | Date |











