



Headteacher: **Mr J Grant**  
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Dear Parent/Carer

**Off-Site Physical Education**

In years 10, 11 and the sixth form it is the policy of the PE department to give students the opportunity to participate in off-site activities during their physical education lesson time. We believe that it is our responsibility to develop interests in physical activities, some more individual in nature, which could extend into and prepare students for their leisure time.

However, students are not automatically given permission to participate in the scheme which is considered to be a privilege. A student must satisfy the staff that in the first instance he/she displays a sensible attitude in lessons and that the activity to be pursued is worthwhile. Permission, once granted, is withdrawn if a student abuses the system.

The nature and variety of the activity means that in most cases, if not all, our resources are unable to provide direct supervision and therefore parents must also agree to their child's participation in the scheme. We would emphasise that no student is allowed to take part in any activity alone. If you are in agreement you are asked to return the slip below to the PE department.

In addition, on the occasions when your child is participating in an off-site activity, it will be necessary to obtain your signature so that the staff are able to monitor the scheme and implement a checking system for each PE lesson.

The school has to remind parents that West Sussex County Council does not provide insurance cover for personal accident or injury to students.

You could consult your own insurance agent.

Yours sincerely

Mr J Grant                      Mr A Currie                      Mrs L Richards  
**Headteacher**                      **Curriculum Leader of Boys PE**                      **Curriculum Leader of Girls PE**

To: PE department, Sackville School

Name of student ..... Form .....

I agree/do not agree to my child participating in off-site activities (please delete as appropriate).

Signed ..... Parent/Carer                      Date .....

