



Briary Primary School
Briary Community Campus
Greenhill Road West
Herne Bay
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Mr R McDonagh
Headteacher
Mrs N Murrell
Deputy Headteacher

9th November 2016

Dear Parents

Educational Visit to St Peter's Church, Greenhill

In Religious Education this term, we are learning about Christianity. To compliment this, we have planned to visit St Peter's Church on Wednesday 30th November. We will leave school at 11:40, walking to the church. We will then eat lunch and spend the afternoon learning about the Church with Rev Estella Last.

We will be back at school by 2:45pm ready for pick up at 3:00.

Your child will need to bring a packed lunch, including a still drink in a plastic container. If your child is entitled to a free school meal, please let us know if you would like the school kitchen to prepare a packed lunch by completing the attached slip.

Children are expected to wear school uniform and school shoes and a waterproof coat.

Children will not need to bring any money.

We will need some adult volunteers to help us with the visit. If you would like to help, please let me know. I'm afraid that we can't allow volunteer helpers to be accompanied by pre-school age children.

If there is anything you would like to discuss about the visit, please do let us know.

Please complete and return the consent slip below by Wednesday 23rd November.

Yours sincerely

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Visit Leader

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Educational Visits Co-ordinator

Please keep this letter so you have all the details you need.



Please complete and return to your child's class teacher

Educational Visit to St Peter's Church, Greenhill

I give my consent for my child in class

to take part in the Educational Visit to St Peter's Church, Greenhill on Friday 25th
November 2016.

I am able to help with the trip

My child suffers from Asthma and has an asthma pump in school
Please tick if appropriate

My child has the following medical condition/issues:

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My child is entitled to a free school meal and I would like a
packed lunch to be provided by the school
Please tick if appropriate

Should the need arise I agree to the visit leader giving consent on my behalf for anaesthetic or
other emergency medical treatment to be given to my child.

Signed: Date:

Print:

I can be contacted on the following telephone number(s) on the day of the visit:-

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