

Hornsey Road, Holloway, London. N7 6DU. Telephone: 020 7607 2575. Fax 020 7609 8147

11th June 2015/82

Dear Parent/ Carer,

Thank you

Firstly I wanted to thank our established SHINE pupils for welcoming some new faces last week. We have had a number of new year 4 and 5 students join us and they were warmly welcomed into the SHINE family. I am always proud of the spirit of our Saturday school; thanks to the children for helping to make this so special! I hope that the new starters have settled in well. Please feel free to speak to any member of staff if you have any questions. If you need to contact me, my number is 07717 211537.

This week

We will have slightly shorter classes in the morning this week as we will be going ice-skating at the Sobell Leisure Centre in the afternoon. We will have lunch at school before we leave. Please ensure that your son/ daughter is wearing comfortable clothing and has a spare pair of socks. Please also ensure that they know what their shoe size is!

Some people have asked about bringing their own skates. If you are happy for your child to do so, please bring them to the office in a bag at the start of the day, labelled with their name, for safe-keeping until the afternoon.

If you have not already done so, please sign and return the attached consent form.

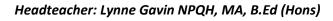
Reminders

Doors open at 09.45am and we ask you to ensure your children arrive at Pakeman by 09.50am at the latest. If your child is unable to attend for any reason, please contact me in the school office on 0207 6072575.

Best wishes

Hannah Leadbeater (Project Manager)





















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Parental Consent Form	
Name of Student	Year Group
Date of birth:	
Please tick boxes as appropriate and sign below. Please return this slip to SHINE on Saturday.	
I consent to my child attending the following trip:	
Saturday 13 th June	Ice-skating at Sobell Leisure Centre
I understand that whilst any teacher present will exercise all reasonable care in the supervision of my child, neither they nor the school shall be liable for any loss, damage or injury to person or property occasioned by the irresponsible action or behaviour of my son/daughter. YES, I give permission for my child(ren) to attend the above trip(s)	
NO, I do not give permission for my child(ren) to attend the above trip(s)	
	Signed
Emergency Contact details:	
Name	Telephone Number

Headteacher: Lynne Gavin NPQH, MA, B.Ed (Hons)













