

8<sup>th</sup> November 2016/ 118

Dear Parent/ Carer

### Last week

I was given a very warm welcome on Saturday by both parents and students so a big thank you for that. The children and the parents who attended the session in the afternoon enjoyed a lively, exciting storytelling workshop by John Kirk. Students participated enthusiastically and made the stories come to life.



### Upcoming trips

**On 19<sup>th</sup> November** we will visit the Museum of London for an event, 'The World in Our City', which explores how Londoners from prehistoric times to the present day have shaped the city and the impact different communities have had on London.

Please complete the attached permission slip as well as a permission slip from the Museum regarding photos taken by their photographer.

Please ensure that your child arrives on time, at **09:45** as we will be leaving promptly. We will travel by bus to the Museum of London where the children will be able to participate in a range of exciting activities, including dance, music, drama, and art. We will aim to be **back at school between 15:30 and 16:00**.

### Reminders

If your child is unable to attend one week, please let us know why. On Saturdays, please call on 0207 6072575 to inform us of any absence.

Eunice Burlingham (Project Manager)

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



## 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 5<sup>th</sup> November**.

Saturday 19<sup>th</sup> November 2016

*World in our City, Museum of London*

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.

I have advised staff of any relevant medical or dietary information regarding my child.

**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)

I would be interested in accompanying the trip if tickets are available.

Signed

Emergency Contact details:

Name

Telephone Number

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

