



**GARLINGE PRIMARY SCHOOL AND NURSERY**

**YEAR 6 TRIP TO DOVER CASTLE**

**World War II Day - Monday 8<sup>th</sup> October 2018**



Dear Parents and Carers,

As part of our World War 2 topic, we would like to take the year 6 children to Dover Castle. We feel that this trip would be a wonderful opportunity for the children, helping to enhance their understanding of how Dover Castle played an active role during WW2, whilst giving an insight into what life would have been like during the war. We will be able to bring the curriculum to life and inspire the children, whilst being able to stand at the spot where Operation Dynamo was planned.

There is no charge for the trip, although we do though need your permission. Please may you complete the reply slip below and return it to your child's class teacher by **Monday 24<sup>th</sup> September**.

On the day, children will need to be in school by **8:30am** so that we can leave at 8:45am promptly, the children will be travelling by coach. We will be leaving Dover Castle by 2:00pm, arriving back at school during normal school hours, traffic depending. Please collect your child as normal, or complete the form below if they walk home to give your permission.

Your child will require a packed lunch for the day and a spare bottle of water. If your child usually has a **free** school meal and you would like a packed lunch provided, then please indicate on the slip below. Please also ensure that your child wears appropriate footwear and brings a waterproof coat in case of inclement weather. Spending money of up to £5.00 in a sealed envelope or named purse may be brought on the day, to spend in the gift shop if you wish. Children will be responsible for their own money on the day.

If you have any questions about the day, do please ask one of us.

Yours faithfully

Mrs Pegden    Miss Jenkins    Mr Millership    Miss Subramaniam



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I give permission for my child ..... in class ..... to attend the World War II Day at Dover Castle on Monday 8<sup>th</sup> October.

My child usually has a free school dinner and I would like a packed lunch provided.

My child is allowed to walk home (please tick).

I agree to my son/daughter receiving medicine as instructed and any emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present.

Including Anaesthetic  or Blood Transfusions  **(Please tick)**

Signed ..... Parent / Carer

Please Print Name .....

**PLEASE RETURN THIS SLIP TO YOUR CHILD'S CLASS TEACHER BY MONDAY 24<sup>th</sup> SEPTEMBER 2018**