



**WEST BOROUGH**  
PRIMARY SCHOOL

Greenway  
Maidstone  
Kent ME16 8TL

Tel 01622 726391

Fax 01622 729512

Web [www.west-borough.kent.sch.uk](http://www.west-borough.kent.sch.uk)

Email [office@west-borough.kent.sch.uk](mailto:office@west-borough.kent.sch.uk)

Headteacher Mrs Ashley Crittenden BEd Hons NPQH

27<sup>th</sup> November 2018

Dear Parents & Carers of Year 6,

**Year 6 Activities Week – Non-residential week - 8<sup>th</sup> – 15<sup>th</sup> March 2019**

The children that are not attending the Wick Court residential will be involved in an activity week starting on Friday 8<sup>th</sup> March through until Friday 15<sup>th</sup> March 2019. In addition to activities around the school, we will also be having some local trips away from school and attached is the timetable for the week. We will send further information about the activities and lunch arrangements closer to the time.

The total cost of this activity week is £40.00 per child which needs to be paid by Thursday 28<sup>th</sup> February 2019. This includes entry charges to Hollywood Bowl, a Circus visiting the school, a trip to Laser Tag and also many fun activities in school. We appreciate that this is a lot of money to find so this can be paid in four instalments of £10.00 each month from November to February if you prefer. A payment card will be sent home showing how much has been paid.

Please complete and return the permission slip (any allergies must be clearly stated) below no later than Thursday 6<sup>th</sup> December 2018.

Miss Holliday and Mrs Lang  
Year 6 Class Teachers

✂ .....

**Year 6 Activities Week – 8<sup>th</sup> – 15<sup>th</sup> March 2019**

**Child's Name:** ..... **Class:** .....

Has permission to take part in the above activity week 8<sup>th</sup> – 15<sup>th</sup> March 2019. Should the necessity arise, I agree to the person in charge of the party giving consent on my behalf for an anaesthetic to be administered or for any urgent medical or dental treatment to be given.

**Details of any Medical condition or Allergies:** .....

.....

**Emergency Contact No.**.....

I enclose first instalment of £10.00 and understand that I will need to pay a further £30.00 to cover the cost of my child's activity week

I will pay the full amount of £40.00 before 28<sup>th</sup> February 2019

**Signed:** ..... *Parent/Carer* **Date:** .....

**PLEASE RETURN THIS SLIP BEFORE THURSDAY 6<sup>TH</sup> DECEMBER 2018**