



P.P.S. NEWSLETTER

Inspire, nurture, challenge.

Mark 16:15 He said to them “Go into all the world and preach the gospel to all creation.”

15th January 2018
Spring Term No.1

Dear Parents/Carers,

It has now been two years since I started working at Petworth CofE Primary School and our school is a very different place. The school environment is more vibrant, the quality of the children’s work has greatly improved and the opportunities for our children is wider and more engaging. None of this could have happened without the hard work and dedication from every member of staff, the governors, the PPSA and the parents and carers. Parents and carers play a pivotal role in a child’s education.

We have started the Spring term and I have been very impressed at how the children have engaged and enthused in the multitude of activities the teachers have organised. I am especially impressed with the quality of writing across the school. The children are really developing their planning, drafting and editing skills.

Last week Elm Class visited Christ Church CE Primary School in Streatham which gave the children an insight into life at another school. The children compared the two schools as they visited every classroom, explored the outside area and worked with their counterparts from Christ Church. Our children were given a feast by their peers at Christ Church, which meant our children had to try a range of food from the Caribbean and Africa. This cultural experience is so valuable to all involved.

I am always asking for help and if you feel you are in a position to volunteer in school to do one-to-one reading, number work, Forest School or gardening please contact me. It really does make a difference!

Over the next few weeks you may notice groups of people on the school site on a Saturday. The Probation Service are again completing work within the grounds. For the next few weeks they will be tackling the hedges and Spiritual Garden, and then they will be returning at the end of March to complete another set of work.

Key Stage 2 Maths Challenge – Find the Factors

The object of the FIND THE FACTORS 1 – 12 puzzle (created by Iva Sallay) is to write the numbers 1 to 12 in the top row and again in the first column so that once the factors are found, the puzzle works as a multiplication table. All of the puzzles require a basic, but not necessarily quick or perfect, knowledge of all the multiplication facts from 1 to 12. Each puzzle has only one solution, and it can be found using logic.

Once completed hand in to either Mr Galvin or Mrs Sandon-Webb and if it is correct you will receive a Headteacher Award. Good luck!

FIND THE FACTORS 1-12											
X											
	120	144									
					60						
							66				
						44					
				20							
									40		
							8				
										2	
					18						
									27		
			21								

SPAG Handbook

The Spelling, Punctuation and Grammar Handbook can now be found on our website under Parent Information.

SPAG Fact

Grammatical Feature: Active Voice

Definition: When the subject of a verb carries out an action.

Example: David Beckham scored the penalty.

Design a WOW Badge

As a part of our ‘Walk to School’ initiative we have been challenged to design a WOW badge. The form is attached to this week’s newsletter, closing date for entries is **Friday 16th March**.



Every child has the right to find out information and to say what they think unless it harms or offends other people.

15th January 2018
Spring Term No.1

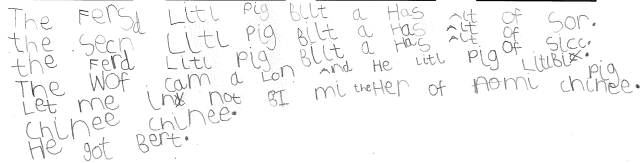
Oak Class

[Q: To sequence a story

SC: I can retell the story of the 3 little pigs with support in the correct order.
I can draw the different parts of the story in the correct order.

I can draw the different parts of the story in the correct order.

The 3 little pigs



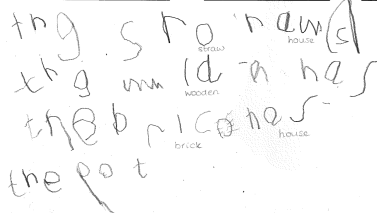
By Amber

LO: To sequence a story

SC: I can retell the story of the 3 little pigs with support in the correct order.
I can draw the different parts of the story in the correct order.

I can draw the different parts of the story in the correct order.

The 3 little pigs



By Dominic

How to play Ulama

Are you fed up with your old boring P.E. lessons? If so, carry on reading to you know about the ball game in ancient Mayan culture called Ulama. It is a very extreme game because you can only use your hips, knees and elbow to hit the ball through the hoop. The instructions on how to play are given below.

To play Ulaama, you will need this equipment:

- rubber ball
- a court that looks like a I (the letter I) and which is 60' long.
- padding for your hips.
- 6 to 8 players in total (3 to 4 players each side)
- Ice bags for any bruises.

AIM OF THE GAME

The aim of the game is to use your hips, knees and elbows to get it in the hoop that is very high up!

First, you have to throw the ball to the other team to start the game.

Secondly, use the sloped sides to make the ball go high and get through the hoop.

Thirdly, ensure that you don't use your hands, feet, head or make physical contact with the ball, your team will give the other team a point. ^{otherwise}

Next, use your hips, knees and elbows to score a point in the hoop. Who ever scores first wins the Whole game.

FINAL WARNING!

If you lose the game your team will get killed. For this recommended that you say goodbye to your loved ones.

By Emma



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Willow Class

Ulama

Imagine a two thousand year old game of focus and concentration, a game originally played for losers to be sacrificed to the gods, one that fortifies using your hands and feet. Has your curiosity unravelled about this Mesopotamian ball game? Find out more secrets by reading on!

This game, Ulama, was made in times of Mayan civilisation when teams represented compass points: North was yellow, east was red, west was blue and south was white. This set of instructions will teach you to play the Mayan way!

What you will need:

- A large rubber ball.
- A variety of padding: Elbow, knee etc.
- A 60 metre pitch with slanted walls
- A small hoop (traditionally 8 metres high)
- A minimum of two team players (or you will not be able to play properly)

How to play

a) Decide what colour your team is going to be and spread your team on your designated sides (on the slanted walls).

b) Throw the ball in the opponents half to start the exhilarating game.

c) Next, your objective is to hit the ball in the hoop without using your hands or feet; you may use your hips, elbows, shoulders or knees during this match. However, if the ball bounces twice in the opponents half you receive a point for your team.

d) The aim is the first team to get to eight points or to get the ball through to automatically win the game.

Final warning

It is not as easy as it sounds and can wear you out. However, if you are playing traditionally, winners may receive a feast or special treatment. And if you lose... let's just say you won't make the same mistake twice!

By Lauren

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Collective Worship



Our focus for Collective Worship for this half-term will be compassion. The children will explore what this means to them and what it means to Christians. As usual we will be exploring the gospel in a fun and informative way while the children take an active role in helping their peers understand the objectives of the sessions. Over the coming weeks the children will be participating in a quiz, exploring different texts e.g. 'Footprints in the Sand', discussing sharing, compassion for our neighbours, the elderly and the poor.

Attendance

The Government regards 95% as the minimum satisfactory attendance for a primary school pupil. This academic year, our school target for attendance is 97%.

We are aware that there are many infections doing the rounds, particularly at this time year, and if your child is unwell they should stay at home until they are well enough to return, and in the case of diarrhoea and/or vomiting they should remain at home until they are 48 hours clear of the last episode. **If your child is unwell, please remember to telephone the office, before 9am on the first day of absence, to advise us that they are unwell and the nature of illness.**

We do however, have a duty of care to highlight that **90% attendance equates to 1 day off per fortnight and ½ year over 5 years.** Poor attendance compounds the negative effects on a child's ability to settle and learn effectively. They find it increasingly difficult to integrate themselves into social groups and are constantly playing 'catch up' with the learning they have missed.

If you have any concerns regarding your child's attendance or would like to discuss ways to improve your child's attendance please do not hesitate to make an appointment to come and see me.

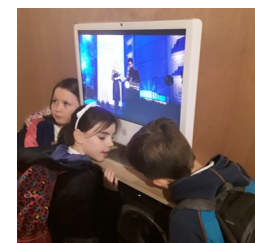


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Elm Class Christ Church Visit



Lost Property

We have a lot of lost property, even 2 pillows still which were left after the sleepover. Please come and have a look.

Inset Days 2017/2018

9th February 2018
4th June 2018

Dates for your Diary 2017/2018

Thurs	30 Nov	Rowan Class Forest School 5 weeks until 18th January 2018
Fri	19 Jan	Sama Karate Club Starts
Fri	19 Jan	Kids Club Xtra
Wed	24 Jan	Year 3/4 Library Visit 9-12pm
Wed	24 Jan	Year 4/4 Football at Watersfield 1-3pm (details to follow)
Thurs	25 Jan	Willow Class Forest School until 1st March (not 1st February)
Mon	29 Jan	Year 4/5 Library Visit 9-12pm
Wed	31 Jan	Year 5/6 Netball 3-4.30pm
Thurs	1 Feb	Year 5/6 Tag Rugby 2-4pm
Thurs	8 Feb	Year 6 Film Night 3.30-7.30pm (details to follow)
Fri	9 Feb	INSET DAY
Mon	12-16 Feb	HALF TERM
Mon	17 Feb	Back to school
Tues	20 Feb	Elm Class Pizza Express Visit
Fri	23 Feb	Beech Class Portsmouth Dockyard
Thurs	1 Mar	World Book Day
Thurs	8 Mar	Year 6 Sky Studios (details to follow)
Thurs	8 Mar	Maple Class Group 1 Forest School 5 weeks until 19th April
Mon	12 Mar	Science Week
Tues	27 Mar	Parents Evening 4.30-7pm
Wed	28 Mar	Parents Evening 3.30-6pm
Thurs	29 Mar	PPSA Disco (details to follow)
Thurs	30 Mar	END OF SPRING TERM
Mon	16 Apr	START OF SUMMER TERM



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Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

March 2017

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or

visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. See: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
E.coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)	Further exclusion may be required for some children until they are no longer excreting	Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory Infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (Influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other Infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	Treatment is recommended only in cases where liver have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills, SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: If a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressing.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites. If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see <https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions>

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff* – pregnancy

- If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.
- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib Pneumococcal Infection	One Injection One Injection Orally
3 months old	Rotavirus Meningococcal B Infection	One Injection Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib Rotavirus Pneumococcal Infection	One Injection One Injection One Injection
Just after the first birthday	Meningococcal B Infection Measles, mumps and rubella Pneumococcal Infection	One Injection One Injection One Injection
Every year from 2 years old up to 9?	Hib and meningococcal C Infection Meningococcal B Infection	One Injection One Injection
3 years and 4 months old	Influenza	Nasal spray or injection
Girls 12 to 13 years old	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	One Injection One Injection
14 to 18 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11 Tetanus, diphtheria and polio Meningococcal Infection ACWY	Two injections over 6 months One Injection One Injection

This is the immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book-the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health Agency, 12-22 Linenhall Street, Belfast, BT2 8BS.

tel: 0300 555 0114
www.publichealth.hscni.net
Information produced with the assistance of the Royal College of Paediatrics and Child Health and Public Health England.



Information for teachers

WOW – the year-round walk to school challenge

Badge design competition 2018

This year's theme is: Walk the Seasons

We want your pupils help to design the next year's set of badges for WOW – the year-round walk to school challenge – Living Streets' flagship initiative helping to get more children walking to school. Walk the Seasons will take pupils on a year-round journey through Autumn, Winter, Spring and Summer, bringing to life what pupils see across a year on their journey to school. From the changing environment, to festive holidays and iconic moments across the year. Help us celebrate the seasons by asking your pupils to design a badge that captures a specific time of the year on their walk to school.

WHAT IS WOW?

Pupils log their daily journeys to school each day on the WOW Travel Tracker. Those that walk to school at least once a week for a month, earn a WOW badge. There are 11 to collect across the year. It's as easy as that.

www.livingstreets.org.uk/WOW



FOUR SEASONS – FOUR DESIGNS

With four seasons of the year, we want you to send us your schools four best designs, one from each season.



HOW TO ENTER

STEP 1: Photocopy and give out copies of the template overleaf to each class

STEP 2: Collate all of your pupils' entries and choose the top four designs to enter into the competition

STEP 3: Send your best four designs to us via:

POST: Walk to school, Living Streets, 4th floor, Universal House, 88-94 Wentworth Street, London, E1 7SA

EMAIL: walktoschool@livingstreets.org.uk with the subject line: 'Badge competition entry 2018'.



THE PRIZES

The 11 winning designs will be made into 2018-19 WOW badges and the winners will receive:

- WOW resources for your entire school (up to £500)
- Winners Trophy
- Visit from Strider during that schools winning month
- Personalised banner for winning schools
- Bespoke press release



CLOSING DATE

FRIDAY 16
MARCH 2018

We are Living Streets, the UK charity for everyday walking.

#WALKTOSCHOOL LIVINGSTREETS.ORG.UK/WALKTOSCHOOL [LIVINGSTREETSUK](https://www.facebook.com/LIVINGSTREETSUK) [@LIVINGSTREETS](https://twitter.com/LIVINGSTREETS)

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LET'S
WALK TO
SCHOOL

WOW - the year-round walk to school challenge

Badge design competition 2018



Design your own WOW badge. This year's theme is: WALK THE SEASONS

Top tips for winning designs:

- Use big, bold and colourful designs
- Simple drawings
- Less detail – the badges are only 3cm in size
- Refer to the class mood-board for inspiration

What to avoid:

- Too many people
- Trademarks and logos
- Religious or political images
- Strider, our mascot

Here are a few suggested designs to get your started:

AUTUMN: Fallen leaves, bonfire night, welly boots, hedgehogs (lots of oranges, reds and browns)

WINTER: Snowmen, festivities, bare trees, snowy owl (lots of blues and whites)

SPRING: Lambs, blossom, rainbows, tulips and daffodils (lots of yellows and light greens)

SUMMER: Bucket and spade, parks, Sports day, BBQs (lots of green and bright colours)

For full details on how to enter the WOW badge design competition and terms and conditions, visit www.livingstreets.org.uk/badgecomp2018

Pupil name:

Age:

School name and address:

School telephone:

Please tell us what you have drawn and why:

School email:

Local Authority/Academy trust:

Where did you hear about the competition?

Which season does your design represent?