Headteacher John Galvin Petworth C of E Primary School South Grove, Petworth, West Sussex, GU28 0EE Tel: 01798 342369 Fax: 01798 343195 E-mail: <u>offfice@petworth.w-sussex.sch.uk</u> Website: <u>www.petworth.w-sussex.sch.uk</u>



30th April 2018

Dear Parents/Carers,

Your child is invited to attend the University of Chichester's **Science Curriculum Enrichment Day** (as advertised below). The event will be hosted at the Bognor Regis campus of the University and will run from 9.30pm-2.30pm on **Tuesday 22nd May.** The children will be transported to the venue and back to school by minibus and will be accompanied throughout the day by Mrs Wilson and Mrs Jones. The children will need to wear school uniform and bring a packed lunch and their water bottle with them.

We are asking for a voluntary donation of £4.50 for this trip, which will cover the cost of minibus hire. Please return the consent form attached and money by **Friday 11th May**.

If you have any questions regarding the trip, please do not hesitate to contact me.

Yours sincerely,

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Mrs Rachel Harris Science Co-Ordinator



The University of Chichester is excited to announce we will be hosting a Primary Space Academy for Year 3, 4 and 5 students. This event will take place on Tuesday 22nd May.

Pupils will complete activities based around the theme of space and will collect stamps for their activity completion in a space passport. Activities will include animation film making, a straw boat challenge, a mission space tour around the campus and creating moon buggies. Students at the end of the day will then "graduate" from Space Academy.

Science Curriculum Enrichment Day 22nd May 2018

Please return this slip together with money and consent form to the school office **by Tuesday 22nd May.**

Name of child	Class

I enclose the amount of £4.50 for the Science Curriculum Enrichment Day.

PETWORTH COFE PRIMARY SCHOOL SCIENCE CURRICULUM ENRICHMENT DAY ON TUESDAY 22 ND MAY 2018 I wish my son/daughter(name) to be allowed to take part in the above mentioned school visit and having read the information letter, agree to him/her taking part in any or all of the activities mentioned. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed. I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the children, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey. (Note: A School Journey Insurance Policy of Chartis Insurance UK Ltd is available through West Sussex County Council) Please delete and complete the following as is appropriate. My child has: no illness, allergy or physical disability the following illness or physical disability * • Cross out which does not apply which necessitates the following medical treatment:			
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	I consent to any emergency medical treatment necessary during the course of the event.		
Address : HOME WORK	SignedParent/Guardian		
	Address : HOME WORK		
Tel. No: HOME WORK	Tel. No: HOME WORK		
If not available at the above, please state an alternative contact:	If not available at the above, please state an alternative contact:		