



Educational Visit / Sporting Event
Notification to Parents

Letter sent out to Parents via E-Mail on 10th April 2017

Details of the Educational Visit / Sporting Event

Date Tuesday 20 th June 2017	Destination Alton castle	Purpose First Holy Communion Day / Confirmation Day
Departure Time from School 9.15am PROMPT		Estimated Arrival Time Back at School 4.15pm
Form Children from Prep Department who are celebrating their First Holy Communion or Confirmation Sacraments		Teacher in Charge Mr Salt

Journey Details

School Mini Bus

Details of the Day and Cost

Holy Communion Day

Activities include:

Treasure Hunt - This is your chance to explore the site and find treasure using just a series of photographs and the help of your friends along the way.

Conveyor - Can you work together to keep the plastic balls and water moving and succeed?

Confirmation Day

Activities include:

Searching - Can you visit all the places marked on the map to discover more about the Holy Spirit?

Night Line - An activity based on trust and communication. Children must guide their blindfolded partner through the twists and turns of the course.

Requirements for the Day

- Children will be able to wear their own clothes with sensible footwear
- Sun Hat & Sun Screen / Rain Coat (weather dependant)
- Children will require a packed lunch / mid-morning snack & drinks for the day
- A small amount of spending money, maximum of £12 (optional) – possibly to spend on a souvenir
- The cost of the visit, including admission, all activities, and transport will be £28.00

School Mobile Telephone Number: 07504 081741 / 07956 505175 please call to update yourself on the estimated time of arrival back at school

**St Joseph's Preparatory School
Parental Consent Form**

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Departure Time from School 9.15am PROMPT		Estimated Arrival Time Back at School 4.15pm
Form Children from Prep Department who are celebrating their First Holy Communion or Confirmation		Teacher in Charge Mr Salt

Child's Name:

Form:

Please sign below to agree to the following:

- I give permission for my son / daughter to attend the educational visit / Roman Catholic themed event as detailed above.
- My child's contact telephone numbers and medical information on the school's database are correct. If not, please provide details overleaf.
- I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I have enclosed payment of £28.00

Signed: _____ Parent _____ Date _____

Please return by Monday 24th April 2017 – Numbers will be confirmed on 25th April