



Rye Community Primary School & Starfish Pre-school
The Grove, Rye, East Sussex TN31 7ND
www.ryeprimary.co.uk
Headteacher: Miss Kelly Martin
office@ryeprimary.co.uk
01797 222825



Wednesday, 28th February 2024

Dear Parents and Carers,

Minnows class will be visiting some local buildings and sites of historical interest in the town as part of this term's learning around Homes and Houses. We will enjoy a walking tour through the town to see first hand the array of different buildings and their function. As part of our day out, we will be visiting St Mary's Church, Ypres Castle Museum and the Rye Heritage Centre; where we will watch the Rye Town Model show. We are planning to enjoy a picnic lunch at The Gun Gardens.

Date	Wednesday 20 th March 2024
Time	<i>Within school hours. Departing school at 9.30am and returning to school at 2.30pm</i>
Venue	The town of Rye. Ypres Castle Museum, St Mary's Church and Rye Heritage Centre.
Transport	Walking
Clothing	School uniform and a raincoat
Other items needed	A packed lunch
Cost	£1.00

Kind regards,

Mrs Isted,

Early Years leader and Minnows class teacher.



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Please complete and return to school by **13.03.24**

I give permission for my child (Name) to take part in the trip to **Rye Town, including Rye Heritage Centre, St Marys Church and Ypres Castle**

I have paid £..... online on ParentPay for the cost of the trip.

My child is entitled to Free School Meals and would like a packed lunch provided by the canteen.

Signed..... Parent/Guardian

Medical form

Does your child suffer from any allergy, illness or disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide further details, including any prescribed medication, times and doses.		
Do you consent to your child receiving first aid during the school trip?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to your child receiving urgent care during the school trip, including the use of anaesthesia, if deemed necessary by medical professionals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I can confirm that the information I have provided within this form is accurate. I am also happy for my child to receive first aid or urgent medical care whilst on a school trip or activity.	
Name of parent	
Emergency contact number one	
Name of contact	
Emergency contact number two	

Permission form

By signing this form, I agree to the terms outlined in the letter that enables my child to participate in all of the listed school trips attached to this form.	
Name of pupil	
Year group	
Name of parent	
Signed	
Date	