



WEST SUSSEX COUNTY COUNCIL

ST MARGARET'S C.E. PRIMARY SCHOOL

ARUNDEL ROAD, ANGMERING, WEST SUSSEX. BN16 4LP

Headteacher: Mr M Jee

Telephone: (01903) 785416

Thursday 27th February 2020

Dear Parents/Carers,

Year 5 have been invited to a special Science day which will be hosted by The Angmering School. As part of this day, the children will be engaged in practical work and be able to use the new state of the art science laboratories at the school.

This day will be **on Tuesday 17th March**. We ask that the children arrive at 9am at TAS and are dropped off at the roundabout. They will then follow the red arrows around to the canteen where we will be waiting to meet the children and we will walk the children back to the roundabout to be collected at 3pm. There will be guides to show the children where to go. Please see the map on the reverse.

Please indicate on the slip below if your child will be walking to and from The Angmering School or if they will be collected by another parent.

The children will need to bring a packed lunch with them and a water bottle (filled only with water not squash as TAS is a water only site). There will be no access to the school canteen during morning break or at lunch. Please note that lunchtime will not be until 1:00pm so it might be worthwhile packing a slightly more substantial break time snack!

If your child has a particular medical need, we will collect their medication from our school office and take it with us and we will inform The Angmering School staff about this.

Please contact us if you have any questions about the day.

With many thanks,
Miss J Norcross and Mrs A Spears

To: **School office (St Margaret's)**

CHILD'S NAME: _____ CLASS: _____

I give permission for my child to attend the Science Day at The Angmering School on **Tuesday 17th March**. I understand that I need to make arrangements for them to arrive at **9am** and be collected at **3pm**.

Please circle if appropriate:

I give permission for my child to walk to and from The Angmering School.

If your child is travelling with another parent/carer

My child will be travelling with (child's name) _____

My child has/hasn't got any medical condition which may affect them during this event e.g. asthma, food allergy etc.

Details: _____

My emergency contact number is:- _____

SIGNED: _____ DATED: _____