

Friday 12th May, 2023

Dear Parents and Carers,

Ref: Class Trip

On <u>Friday 19th May 2023</u>, the children in year 5 will be going to Brixton Tate library and be given the opportunity to explore the books and services their local library has to offer.

This trip to the local library will help to enhance the children's love for reading, they will learn about all the activities, programmes and books available to them. The children will also be shown how to use the library and the services offered. They will be given the chance to acquaint themselves with their local librarians and will have the opportunity to sign up and receive their very own library cards.

We will leave school at 10am and return at approximately 12:30pm. We will walk to and from Brixton Tate library. Please ensure your child is wearing full school uniform and has appropriate clothing for the time of year.

There is no cost for this trip.

Yours faithfully,

Ms Hancock and Ms Prevost Year 5 teachers

BJS FEDERATION OF SCHOOLS

Bonneville, Jessop & Stockwell Primary Schools

Stockwell Primary School Stockwell Road London SW9 9TG Tel: 02072747687 Email: <u>clericalofficer2@stockwell-pri.lambeth.sch.uk</u> Web: Stockwell-pri.lambeth.sch.uk Executive Headteacher Andrea Parker, BA (Hons), NPQH, NPQEL Acting Head of School Zenia McIntosh, BA (Hons) QTS



Stockwell Primary School and Children's Centre Achieving excellence together

Photography and filming consent form

Rum Kitchen Trip

In accordance with our child protection policy, we will not permit photographs, video or other images of young people to be taken without consent. If the child is under 16, consent must be obtained from a parent / carer.

Rum Kitchen, Brixton will take all steps to ensure these images are used solely for the purposes for which they are intended. If you become aware that these images are being used inappropriately, please inform us immediately.

Declaration of consent – parent / carer of child under 16		
Please tick each box (or strike out what you do not consent to), then sign this form.		
I give permission for my child's photograph to be used within the restaurant for training purposes.		
□ I give permission for video of my child to be used for training or analysis purposes.		
Signature	3č	Today's date
Print name		

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ALLERGIES FORM

Child's name			
Date of birth			
Home address			
Telephone number			
Contact address if different from above			
Family doctor's name and address			
Telephone number			
Does your child have any allergies? (e.g. penicillin)			
Does your child require any treatment for this condition?			
SignedParent/Guardian			

Date

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