



## Hale Nursery and Primary Academy

Upper Hale Road  
Farnham  
Surrey  
GU9 0LR

Tel: 01252 716729  
Email [admin@hale.kite.academy](mailto:admin@hale.kite.academy)  
Website: [www.hale.kite.academy](http://www.hale.kite.academy)

29<sup>th</sup> September 2021

Dear Parents and Carers,

<b>Proposed Educational Activity:</b>	Seaside workshop visiting Year 1
<b>Objective of Activity:</b>	Consolidate learning of our Seaside topic
<b>Day and Date:</b>	<b>Wednesday 20<sup>th</sup> October 2021</b>
<b>Dress Code:</b>	School Uniform
<b>Equipment Needed:</b>	N/A
<b>Lunch Arrangements:</b>	Normal daily arrangements
<b>Voluntary Contribution:</b>	£6.00

Your contribution is to cover the cost of your child taking part in the educational activity detailed above. We confirm that the contribution represents our estimate of the costs shared equally amongst all pupils. No child will be excluded from the activity through an inability to pay the full cost, but if there are insufficient contributions then the activity may have to be cancelled. If you are experiencing difficulties making the financial payment, please make an appointment to speak with the Headteacher.

Please complete the attached permission slip and return to the School Office. Please pay for this activity online using the SCOPAY system by Monday 11<sup>th</sup> October.

Yours sincerely,

**Mrs E Mills, Mrs N Coltart and Miss J Parlane**  
**Year 1 Team**





## HALE ACADEMY

**Proposed Educational Activity:** Seaside workshop visiting Year 1

**Day and Date:** Wednesday 20<sup>th</sup> October 2021

Name of Child: .....

Class: .....

*Please tick/complete as appropriate:*

I have paid the contribution online

☐

of: £ .....

Medical information:

.....

.....

I give permission for my child to take part in the above-named educational activity.

I certify that as far as I'm aware my child is medically fit to undertake this activity and there is no known reason why they should not do so.

Signed: .....

Date: .....