



Ellenbrook

COMMUNITY PRIMARY SCHOOL

Longwall Avenue, Ellenbrook, Worsley, Salford M28 7PS

Tel: 0161 799 6347 Email: ellenbrook.primaryschool@salford.gov.uk

Head Teacher: Mr. R Blackburn B.Ed PQSI

Dear Parent/Guardian

Sleepover

We are very pleased and excited to be able to give you more details of our planned sleepover for Year 3 which will be taking place on Friday 16th November 2018.

This will be a wonderful opportunity to inspire our learning about light and dark this half term. Our plan is for the children to leave school at the normal time and return at **6pm** through the **KS2 entrance** with everything they need to spend the night here. A kit list is outlined below.

Please ensure the children have eaten tea before returning to school. We will provide them with drinks through the evening and they will be able to eat their snack before they go to bed.

During the evening we will have a series of outdoor activities for the children to take part in to explore the dark. Please pick up your child on **Saturday 17th November at 8am** from the KS2 double-doors.

Kit List:

- A sleeping bag and pillow (and possibly a roll mat for comfort)
- Pyjamas
- Slippers
- Toothbrush and toothpaste
- A torch
- A teddy
- A warm waterproof coat for outside activities
- A small snack (for supper)

We are not asking for any money to cover the cost of this event but we would very much like every child to be a part of this activity. If you or your child have any concerns please do speak to their class teacher so we can help to reassure you.

In order for your child to stay at the sleep over, we need the form below completed in full and returned to school by next Thursday (15th November 2018).

Many thanks

Year 3 Teachers



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YEAR 3 SLEEPOVER

Friday 16th November 2018

Form for Parental Consent for a child to take part in an educational activity

I wish my son/daughter in class to be allowed to take part in the above mentioned school activity on the date specified and having read the information sheet agree to them taking part in all or any of the activities described therein.

I have ensured that my child understands that it is important for their safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

I certify that so far as I am aware my son/daughter is medically fit* to undertake activities and there are no known health reasons why they should not do so. I authorise medical treatment to be provided should this become necessary during the course of the sleepover.

I understand that those supervising the sleepover are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent. The County Council will not be responsible for personal injury or any other damage or loss unless it is negligent.

*Please give details if your son/daughter suffers from any medical condition which, whilst not affecting their ability to undertake this sleepover, you consider the Party Leader should be aware.

Emergency contact number and name:

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Signature of Parent/Guardian

Date

PLEASE COMPLETE AND RETURN TO SCHOOL NO LATER THAN THURSDAY 1th NOVEMBER 2018.



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