



All Faiths Children's Academy

Friday 27th June 2025

Dear Parents and Carers

Sheerness Beach Trip – 11/07/25

We are really excited to let you know that we have arranged a visit to Sheerness Beach on Friday 11th July 2025.

We will leave school at around 9:15am and return by the end of the school day. We will be travelling by train.

Children can wear shorts and t-shirts, ensuring shoulders are covered for sun protection and sensible/comfortable footwear suitable for the beach (not flip-flops or sliders). Please ensure your child has a sun hat and a light jumper and that sun cream is generously applied before school. Children will be exploring the rock pools and their feet might get wet, so please pack a spare pair of socks and shoes.

Please can you provide a water bottle and packed lunch or order a school packed lunch in the normal way on Parentmail.

The cost of the trip is £3.50 which includes the train fare and an ice lolly (please be advised that if we do not have sufficient funds to cover the cost of the trip, then we will have to cancel). Payments can be made via +Pay/Parentmail ("Year 2 trip to Sheerness Beach").

All children are required to complete the consent form and return to me by Monday 7th July 2025.

Kind regards,

Miss Swallow

Year 2 - Educational Visit to Sheerness Beach on Friday 11th July 2025

Child's name:Year.....

I consent to my child attending the school trip to Sheerness Beach.		
I agree to pay the £3.50 contribution via Parentmail/+Pay by Monday 7 th July 2025.		
My child will bring a home packed lunch. <div style="border: 1px solid black; width: 80px; height: 30px; margin: 10px auto;"></div>	My child requires a school packed lunch. <div style="border: 1px solid black; width: 80px; height: 30px; margin: 10px auto;"></div>	
I consent to my child having an ice lolly.		
I have spoken to my child about safe behaviour and following rules.		
Should the need arise, I agree to the person in charge of the group giving consent, on my behalf, for an anaesthetic to be administered or for other urgent medical treatment to be given		

Emergency contact name:

Emergency contact telephone number:

Any other information that would be helpful for us to know:

.....

Signed:

Dated: