



## The Sandon School

Dear Parent/Carer

### Re: YEAR 5 TASTER DAY

We are in the process of organising our Year 5 Taster Days at The Sandon School and are delighted to offer Year 5 students the opportunity to join us on **Wednesday 5 July 2023**.

The children will spend half a day experiencing a range of lessons and the day usually runs from 09.30am to 13.30pm. We would be grateful if you could make your own transport arrangements to and from The Sandon School.

Your child will need to bring pens/pencils, and plimsolls/trainers as activities may include Physical Education.

During the day, squash and biscuits will be made available. However, would you please provide a packed lunch and a drink - unless of course you have free school meal entitlement, in which case, will you please let us know via your school office so that we can arrange for a packed lunch to be provided. Your school will also need to advise us of any medical conditions of which we should be aware, so it is important that they have up to date information from you in this regard.

We would be grateful if you would complete the enclosed Consent Form, and return it to your child's primary school office who will be collating this information on our behalf.

We hope that your child will enjoy the experience of learning in a secondary school as it is another step in their preparation for Key Stage 3. Should you wish to discuss this or any other matter please do not hesitate to contact me.

Yours sincerely

Mrs Catherine Hart  
Admissions

# THE SANDON SCHOOL

## CONSENT FORM

### YEAR 5 TASTER DAY



NAME OF PRIMARY SCHOOL : .....

NAME OF STUDENT: .....

NAME of person with parental responsibility .....

I give permission for my child to attend The Sandon School Year 5 Taster day  
on: **Wednesday 5 July 2023.**

I agree to my son/daughter receiving first aid treatment if required.

I may be contacted on the following telephone numbers:

Home: .....

Work: ..... Mobile: .....

If you cannot contact me on any of these numbers please try: NAME .....

Relationship: ..... Tel. No. ....

SIGNED ..... DATE: .....

(person with parental responsibility)

Please return this form to your Primary School Office. The Primary School will be informing us of any known medical conditions and Free School Meal Entitlement.