**Wednesday, 11 June 2025**

Dear Parents/Carers,

**Thomas Adams School – Year 5 Taster Day Experience**

The Year 5 children have been invited by Mr Lea Winter (KS2-3 Transition Lead Teacher) of Thomas Adams School to take part in a Year 5 Taster Day Experience on Wednesday 18th June. The children will travel by coach at 9.00 am to Thomas Adams School and will return to Clive School by 3.00 pm for collection in the usual way. This is a wonderful opportunity for the children to experience life at secondary school.

All children should wear their Clive CE Primary School uniforms with sensible school shoes and have a packed lunch from home with non-fizzy drinks in a suitable plastic container. The children will need a school bag/pencil case and a pair of trainers for a PE session (no other PE kit is required).

All completed consent forms and any ‘school packed lunch’ order forms should be returned to school by **Friday 13th June**.

Yours sincerely,

Sallie Watts

Mrs S. Watts (Assistant Headteacher)

I give permission for my child to have their photograph taken by Thomas Adams School.

I give permission for my child to be given medical treatment if required.

I give permission for my child to travel on school transport to and from Thomas Adams School on 18th June 2025.

(please delete as appropriate)

Signed: Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact numbers for the visit

………………………………………………………………………… …………………………………………………………………………

Details of any medication currently being taken (allergies/ illness)

………………………………………………………………………………………………………………………………………

Form of general indemnity and medical consent

I consent to medical or such surgical treatment deemed necessary by a qualified medical practitioner or to first aid being administered in the case of my son / daughter if an emergency should occur, at a time when my consent to the particular treatment cannot otherwise be obtained.

Signed …………………………………………………………Parent/Carer     Dated:………………………………………….

**School Packed lunch order form**

To be returned by Friday 13th June 2025

PACKED LUNCH

I WOULD LIKE A PACKED LUNCH FOR MY CHILD TO TAKE ON THE ABOVE VISIT. (18th June 2025)

NAME OF CHILD: ……………………………………

Please tick choice of sandwich

Tuna [ ] Cheese [ ] Ham [ ]

SIGNED:……………………………………………(PARENT/CARER)