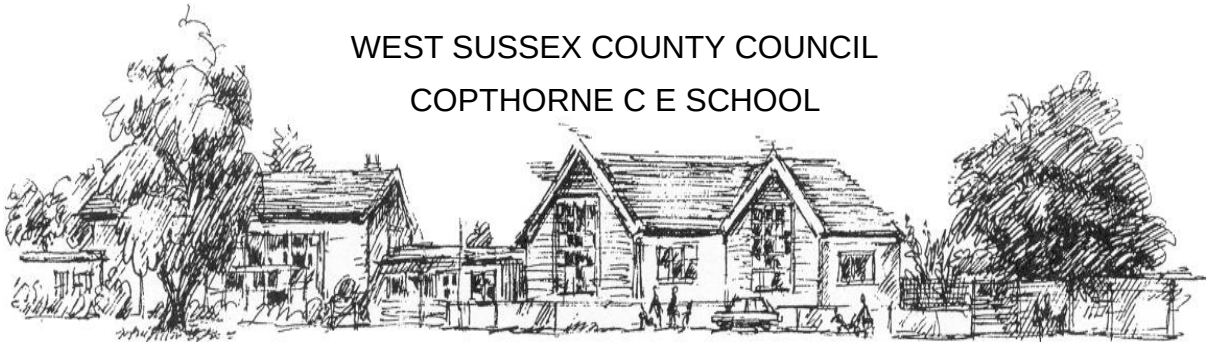

WEST SUSSEX COUNTY COUNCIL
COPTHORNE C E SCHOOL
CHURCH ROAD, COPTHORNE, WEST SUSSEX, RH10 3RD
Telephone: 01342 712372 – FAX: 01342 718513
E-mail: office@copthornejunior.co.uk

Friday 17th April 2026

YEAR 6 SUMMER TERM TRIPS AND EXPERIENCES

Dear Parents/Carers,

We are writing to inform you of our exciting planned trips and learning experiences for Year 6 pupils for our final term.

Music – Drumming workshop Monday 15th June 2026
To immerse the children in our Stone Age topic, they will take part in a Stone Age themed drumming workshop.

Food Technology
We will be making celebration cupcakes to celebrate the Year 6's time at Copthorne.

Design Technology
We will be researching, designing and creating our Stone Age jewellery from clay.

The total cost of these learning experiences will be £4.50.

Please can we ask that you return the attached permission form for the Summer Term learning experiences, and the money for the experiences by Friday 24th April.

Under current legislation, we are obliged to point out that the cost is a voluntary contribution. However, unless all parents who are willing to contribute do so, trips and events will not be able to take place. Limited financial assistance from the school may be available in certain cases, but please contact our headteacher in confidence as soon as possible, if you are unable to contribute the full cost so that arrangements can be made.

In addition, there will be a celebration trip to Chessington. A separate letter will be sent out regarding this to gain permission and payment. We are also making final arrangements for our annual visit from the magistrates.

If you have any questions, please do not hesitate to contact your child's class teacher or the school office.

Yours sincerely,

Year 6 team

YEAR 6 SUMMER TERM EXPERIENCES PERMISSION SLIP

I give permission for _____ in _____ class

to take part in the Summer Term learning experiences.

☐ I enclose £4.50 to cover the cost of the SUMMER EXPERIENCES (please make cheques payable to Copthorne CofE Junior School).

☐ I have paid via online banking. Please use your child's name as the reference.

Lloyds Bank – Copthorne CofE Junior School
Account Number: 02333669
Sort Code: 30-92-38

I give / do not give (please delete as appropriate) permission for my child to eat the produce made at school (all ingredients are nut free).

My child has the following allergies:
……
……
……

My son/daughter and I understand that high standards of behaviour will be required at all times during these sessions. I also understand that while the school staff in charge of the party will take full reasonable care of the pupils, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

Signed_____Date_____