

Eastchurch Church of England (Controlled) Primary School

St Clement
Leysdown Road
Leysdown on Sea
Sheppey
Kent
ME12 4AB

Miss Michelle Crowe B.A. (Ed) NPQH
Head of School
Tel: (01795) 878111



Email: office@eastchurch.kent.sch.uk

All Saints
Warden Road
Eastchurch
Sheppey
Kent
ME12 4EJ

Mrs Sarah Hunt B. (Ed) NPQH
Head of School
Tel: (01795) 880279

February 2017

Dear Parents/Carers,

In order to prepare and support our Year 6 pupils for their upcoming SATs we are running an Easter 'Eggcellence' Holiday school. The aim is to offer the children extra revision sessions on Maths and English in a relaxed and supportive atmosphere. Several members of staff have offered to run the sessions and so the children will be taught and supported in small group situations.

The holiday school will run from Monday 3rd April to Friday 7th April inclusive. Sessions will start at 9.00 and finish at 12.00; the children will have a break time and therefore are welcome to bring a drink of water or squash as well as a small snack.

Your child does not have to attend every session however we need to know, in advance, which sessions they will be attending so we can organise staffing numbers and groupings. Please indicate on the reply slip below which sessions your child will be attending. The sessions are not compulsory, however will be offered on a first come first served basis so an early reply is crucial to ensure your child gets a place. Please could all reply slips be returned by Monday 13th March.

All of the sessions will be held at the St Clement site however Mrs Kincaid will be collecting the All Saints children in the minibus, ferrying them to St Clement and returning them at the end of the morning. The All Saints children will need to be ready for collection at 8.40 and they will return to All Saints at approximately 12.15.

We hope that your children will want to take part in this 'Eggcellent' opportunity and look forward to seeing them there.

Yours sincerely,

Miss M Crowe
St Clement site

Mrs S Hunt
All Saints site

Child's name: _____

My child would like to attend the following sessions (please tick):

- | | |
|--|--------------------------|
| Monday 3 rd April | <input type="checkbox"/> |
| Tuesday 4 th April | <input type="checkbox"/> |
| Wednesday 5 th April | <input type="checkbox"/> |
| Thursday 6 th April | <input type="checkbox"/> |
| Friday 7 th April | <input type="checkbox"/> |
| I will collect my child | <input type="checkbox"/> |
| My child is allowed to walk home independently | <input type="checkbox"/> |

Emergency contact number: _____

Signed: _____

