



Westlands Primary School

A member of Swale Academies Trust



Head of School: Mrs V Pettett
Deputy Headteacher: Mrs M Gibbs

Homewood Avenue
Sittingbourne
Kent ME10 1XN

e-mail: officeprimary@westlands.kent.sch.uk

Tel: 01795 470862

STP/ELB/JYB/Year 6/Activity Week

5th June 2018

Dear Parent/Carer

During the week 11th – 15th June 2018 we will be holding some fun activities for your child. Please see the timetable below and the relevant information, so that they know what to bring in each day. They will be in normal school uniform in this week, but please ensure that your child has sun cream and a hat in school.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Cake baking Ingredients will be provided, but feel free to send any that you know your child would like.	Gadgets and gaming Bring your own gadget (DS, wii, tablet) – remember there is no wifi access. Laptops will be provided.	Cinema Film to be confirmed	Art and DT Model making for the production. Create a 3D life sized lion!	Laptops project – storyboard a Lego movie. Make props and scenery.
Lunch	Lunch in school as normal	Lunch in school as normal	Park, picnic and games Please send your child in normal school uniform but they can wear their trainers. Please also send a sun hat and sun cream. An additional bottle of water would be advisable.	Lunch in school as normal	Lunch in school as normal
Afternoon	Movie and popcorn Popcorn will be provided. Feel free to send any other snacks. No fizzy drinks please.	Swimming Please send swimming kit		Lion making Any junk modelling and boxes would be appreciated!	Filming Lego movie If your child has any Lego of their own that they would like to film – please send it in

We are sure that it will be a fun week. Please sign and return the slip overleaf by 8th June.

Mrs J Burr
Assistant Headteacher



Year 6 Activity Week

Mrs Burr

Child's Name: _____

Class: _____

I give permission for my child to take part in all activities, including walking to Sittingbourne Cinema and going to the park on Wednesday 13th June.

I give permission for my child to make and eat cakes. My child as the following allergies:

I also consent to a member of staff authorising medical treatment, including anaesthetic, if I cannot be contacted in an emergency.

Signed: _____
(Parent/Carer)

Date: _____

Print Name: _____
(Parent/Carer)

Contact Tel: _____