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October 2013

Dear Parent/Carer

As part of A Level Philosophy and Ethics students have an opportunity to attend a very popular conference in London led by renowned and respected philosopher Peter Vardy. The conference covers various topics which form part of the philosophy and ethics course and students in previous years have found the experience to be extremely valuable.

The trip is scheduled for Monday 18th November 2013. Students will travel to the conference independently by train and will meet me at the venue. The directions are on moodle and we suggest that they travel with at least one other person. The conference lasts from 10am-3.30pm with a break for lunch. Students should bring a packed lunch.

We reserve the right to withdraw the place in the very unlikely event that the behaviour of any student gives cause for concern.

You are invited to make a voluntary contribution of £18.50 which will cover the cost of the conference fee and other incidental costs. I must, however, tell you that as the school could not bear the cost of the visit, the visit will not take place unless all parents, who are able, are willing to contribute.

Please indicate below if your child wishes to take part in the trip by returning the attached parent consent form, together with payment in an envelope, to the finance office by Friday 11th October 2013. Alternatively you may pay online. We are unable to make provisional bookings, so the earlier we receive confirmation the more likely we are to gain tickets for this over-subscribed conference.

Yours sincerely

Miss D Yendell
Joint Curriculum Leader of Beliefs & Values

To the finance office

Name _____ Form Tutor _____

My child wishes to go to the A Level Philosophy conference in London on Monday 18th November 2013.

I enclose £18.50 towards the conference (cheques payable to Sackville School)/

I have paid online

(please delete as appropriate)

I understand that travel to and from the venue is not included in this amount and that this sum is non-refundable.

Signed _____ Parent/Carer

Print Name _____ Date _____

