



Headteacher: **Mr J Grant**  
Sackville School, Lewes Road, East Grinstead,  
West Sussex RH19 3TY  
Tel: 01342 410140 Fax: 01342 315544  
Email: [secretary@sackville.w-sussex.sch.uk](mailto:secretary@sackville.w-sussex.sch.uk)  
[www.sackville.w-sussex.sch.uk](http://www.sackville.w-sussex.sch.uk)



September 2017

Dear Parent/Carer

### **Year 7 Overnight Camp**

I have pleasure in bringing you details of the year 7 overnight camp which will take place on **Friday 6<sup>th</sup> October 2017**.

Price per student is £8.00. This will include food, entertainment and insurance. Hot food will be provided on Friday evening and a cold breakfast will be available early Saturday morning. No extra money is needed.

Tents are to be erected on the school field between 5.00pm-6.00pm on Friday evening – if students are not able to erect their own tent please ensure that a parent/adult is present to help.

Tents will be taken down by the students on Saturday morning.

Students will need:

- tent – either providing a tent or having an agreed sharing arrangement with other students of the same gender. (School *may* be able to provide a limited number of tents)
- sleeping bag and pillow
- suitable footwear for outdoor activities
- warm clothing including a suitable coat/jacket
- nightwear/toothbrush etc
- torch
- pen/paper in case of quiz type activities
- water bottle

Staff will be organising activities/games throughout the evening and will also be keeping watch throughout the night. (There will be a minimum of 1 adult to 15 students). Toilet facilities will be available within the school buildings.

Once 'bed' has been announced students are to remain in their tents until staff tell them otherwise.

In the case of bad weather, the event will go ahead but activities will take place indoors. If the weather looks bad a further change of clothes may be needed.

**However, if the weather is extremely poor a decision will be made during Friday to cancel 'camping' but we will still go ahead with the activities and students will sleep overnight in the school buildings.**

If you wish your child to take part in this event please return the attached sheet together with payment as soon as possible and **no later than Monday 2<sup>nd</sup> October 2017**.





Headteacher: **Mr J Grant**  
 Sackville School, Lewes Road, East Grinstead,  
 West Sussex RH19 3TY  
 Tel: 01342 410140 Fax: 01342 315544  
 Email: secretary@sackville.w-sussex.sch.uk  
[www.sackville.w-sussex.sch.uk](http://www.sackville.w-sussex.sch.uk)



Completed forms should be taken to your child's form tutor. Payment may be made via the online payment system, but we still require the completed form.

**Collection time on Saturday 7<sup>th</sup> October 2017 will be 9.00am–9.30am. All tents must be cleared during Saturday morning.**

Yours sincerely

Mr J Endersby  
**Leader of Year 7**

**IF YOU HAVE PAID ONLINE PLEASE RETURN THIS FORM TO YOUR CHILD'S FORM TUTOR**

Name of student \_\_\_\_\_ Form \_\_\_\_\_

I give permission for my child to attend the year 7 camp on **Friday 6<sup>th</sup> October 2017**. I have forwarded £8.00 via the online payment system.

**Tents: please delete as appropriate:**

I am providing my own tent and will be sharing it with

\_\_\_\_\_

\_\_\_\_\_

I am not providing my own tent but will be sharing with

\_\_\_\_\_

\_\_\_\_\_

I am unable to provide a tent and have not arranged to share with anyone \_\_\_\_\_

\_\_\_\_\_

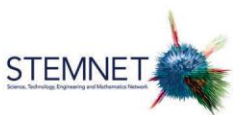
**Food: please select one of the following options for the evening meal:**

burger and chips \_\_\_\_\_

vegetarian burger and chips \_\_\_\_\_

a small drink and a cookie will also be provided before bedtime.

**No energy drinks are permitted and will be confiscated. Students may bring a small bag of sweets.**





Headteacher: **Mr J Grant**  
Sackville School, Lewes Road, East Grinstead,  
West Sussex RH19 3TY  
Tel: 01342 410140 Fax: 01342 315544  
Email: secretary@sackville.w-sussex.sch.uk  
[www.sackville.w-sussex.sch.uk](http://www.sackville.w-sussex.sch.uk)



I have read the information regarding the event and am aware that staff will not be available to assist in the erection of tents.

I am also aware of the collection times and instructions for Saturday morning.

We will use the emergency contact details we have on our database for your child for this event. If however the contact details will be different for the duration of the camp, please fill in the details below.

Emergency contact telephone number \_\_\_\_\_

Emergency contact name (please print) \_\_\_\_\_

Parent/Carer name (please sign) \_\_\_\_\_

Parent/Carer name (please print) \_\_\_\_\_

Date \_\_\_\_\_

