19th November 2019



Dear Parents and Carers

**Carol singing for elderly people – Wednesday, 11th December 2019**

We have been invited to Church Cottage, St Michael’s Church (in the centre of town) to perform some carols and Christmas songs for some elderly members of our community and spread the Christmas cheer.

The children will need to leave school in the morning at 10am on Wednesday, 11th December and be driven to St Michael’s. They will then sing at 10.45pm and be ready to be picked up at 11:30am. If you are able to arrange your child’s transport to the event and collect them afterwards, please indicate this on the slip below. We will take as many children from our choir as possible.

**We may need help** from parents with St Mark’s DBS clearance and insurance to transport additional children to and from St Michael’s Church. If you are able to help, please indicate this on the slip below. We are only able to accept your offer if you have the relevant details listed below.

As soon as we know how many places we have to transport children, we will let you know whether your child will be participating. We will return to school in time for lunch so no alternative arrangements are needed for their usual lunch routine.

Thank you once again for all your support!

***Mrs Chapman and Mrs Baird***

**Carol singing at Church Cottage, St Michael’s Church 11th December 2018**

Child’s name ………………………………………………………….. Class ………...

I give permission for my child to attend this event **Yes / No**

I am able to drive my child to the event at 10am and collect them at 11:30am **Yes / No**

I give permission for my child to be transported to and from the event in another

adult’s car/mini-bus **Yes / No**

I confirm that my child is over 135cm and therefore able tobe **Yes / No**

transported by car without a child booster seat

I am able to help with transport and can transport ……. children in my car **as**

I have a valid DBS certificate issued by St Mark’s, a valid driving licence, MOT

and car insurance and will bring these details into school before the event  **Yes / No**

My child has an epipen or an inhaler in school and I give permission

for them to be taken on the day **Yes / No**

Any other medical information or allergies……………………………………………….………

Contact number on the day ………………………………………………………………………

Signed ……………………………………………… Parent/Carer Date: ……………………