



All Saints CE VC Primary School

Bishops Caundle

Sherborne

Dorset

DT9 5NQ

Headteacher

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Dear Parents / Carers

All Saints Harvest Festival Thursday October 5th 2017

To encourage children to be thankful for the Harvest and develop a sense of responsibility towards others locally and globally that are less fortunate, we are learning about and supporting two charities this year.

- Sherborne Food Bank
- Farm Africa – The Great African Welly Walk

We will be taking the children on a 'welly walk' to raise awareness in our children of the struggles farmers in some African countries have to feed their families, send their children to school and escape the cycle of poverty. We will walk to Holwell Church where Vicar Richard will lead our Harvest Festival Celebration at 10.30am. You are all invited to join us for this special service, which should last approximately 30 minutes.

We would also be grateful to receive food donations for Sherborne Food Bank (e.g. **TINNED or PACKET FOOD, BOTTLES, JARS, CARTONS**) and/or a donation to Farm Africa. We would appreciate it if you could please bring any donations to school on Thursday morning.

Most families in Diamonds, Topaz and Sapphire Class have already provided consent for the year for local trips like this one. However, children in **RUBY CLASS and those brand new to the school** will need to sign and return the slip below.

IMPORTANT: The children will need to bring their wellies to school and have a waterproof coat for the walk.

If you would like to join us for the walk and help supervise the children then please let us know as soon as possible, we would be most grateful for your support.

Kind regards,

All Saints

Local Visit Consent for 2017/18 Academic Year

Pupil(s) Name:

- I give / do not give permission for my child to be taken out in the local community by a qualified member of staff. This would include village walks, visits to the Shop, Post Office, Garage and Church. (Separate authorisation will be requested for school trips that involve transport by car and coach)
- I confirm there are no changes to the medical information held by my school.
- I agree to my child receiving medical treatment in the event of an accident occurring: I understand that a member of staff will do their best to contact me prior to such treatment.

Sign (Parent/ Carer)..... Date:.....

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