

Monday 11<sup>th</sup> September 2017

Dear Parents/Carers

**Forest Schools** 

Forest Schools will take place within the woodland area towards the rear of the school field and will run on Fridays throughout the school year. Forest Schools will provide all children within the school with the opportunity to experience outdoor learning within a familiar location. It will encourage children to take control of their own learning through small achievable tasks.

Your child will be taking part in Forest Schools on the following dates:

Holly class		
•	15/09/17	
•	22/09/17	
•	29/09/17	
•	06/10/17	
•	13/10/17	
•	20/10/17	

On these dates, your child will require the following clothing to be brought into school. Forest School takes place in all weathers (except high winds and lightening), so please ensure that your child has enough layers!

Winter	Summer	
Woolly hat	Sun hat	
<ul> <li>Gloves</li> </ul>	T-shirt	
<ul> <li>Long sleeved t-shirt</li> </ul>	Long trousers	
<ul> <li>Hoody/jumper/fleece</li> </ul>	Spare socks	
<ul> <li>Long trousers</li> </ul>	Sturdy footwear	
<ul> <li>Spare socks</li> </ul>	Sun cream	
<ul> <li>Wellies</li> </ul>	Waterproof coat	
<ul> <li>Waterproof coat</li> </ul>	<ul> <li>Plastic bag for dirty clothes</li> </ul>	
<ul> <li>Plastic bag for dirty clothes</li> </ul>	<ul> <li>Waterproof over-trousers (provided by school)</li> </ul>	
<ul> <li>Waterproof over-trousers (provided by school)</li> </ul>		

Please return the attached permission form to your child's class teacher by Thursday 14<sup>th</sup> September.

If you have any questions please feel free to come and see me. Alternatively, messages can be left at the school office.

Kind regards

Mr Knight

Forest School Subject Leader



Holly Class						
Child's full name						
Date of birth						
Contact name and						
relationship to child						
Home address						
Phone numbers	Home					
	Work					
	Mobile					
Doctor	Address					
	Phone					
Has your child had any	of the	following?				
Illness		Comment	Medication needed (please specify)			
Asthma/Bronchitis						
Sight/hearing difficulties						
Heart conditions						
Diabetes						
Epilepsy						
Allergies: eg pollen, nuts,						
materials						
Wasp/bee sting. If yes,						
please describe the						
reaction.						

Signed	Date	

Date of last tetanus

injection Other