

Tuesday 5<sup>th</sup> December 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:

Lime class
<ul style="list-style-type: none"> <li>• 05/01/18</li> <li>• 12/01/18</li> <li>• 19/01/18</li> <li>• 26/01/18</li> <li>• 02/02/18</li> <li>• 09/02/18</li> </ul>

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
<ul style="list-style-type: none"> <li>• Woolly hat</li> <li>• Gloves</li> <li>• Long sleeved t-shirt</li> <li>• Hoody/jumper/fleece</li> <li>• Long trousers</li> <li>• Spare socks</li> <li>• Wellies</li> <li>• Waterproof coat</li> <li>• Plastic bag for dirty clothes</li> <li>• Waterproof over-trousers (provided by school)</li> </ul>	<ul style="list-style-type: none"> <li>• Sun hat</li> <li>• T-shirt</li> <li>• Long trousers</li> <li>• Spare socks</li> <li>• Sturdy footwear</li> <li>• Sun cream</li> <li>• Waterproof coat</li> <li>• Plastic bag for dirty clothes</li> <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> December.

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

### Lime 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.		
Date of last tetanus injection		
Other		

Signed \_\_\_\_\_ Date \_\_\_\_\_