

June 2019

Dear Parent/Guardian

### **Year 7 Teambuilding Day**

In order to help students establish an identity with their form group and get to know other students therefore helping them settle into the school, we are pleased to invite each form group to take part in a “teambuilding day”.

These will take place as follows:

16 <sup>th</sup> September	7 Burgess
17 <sup>th</sup> September	7 Hardman
18 <sup>th</sup> September	7 Mackenzie
19 <sup>th</sup> September	7 Sharp
20 <sup>th</sup> September	7 Young

The days will take place at Woodpecker Court Youth Activities Ltd. in Eythorne and will include a range of supervised activities, a cooked lunch and transport to the site by minibus to and from school. Woodpecker Court possesses fully liability insurance and risk assessments which are available from the school upon request. Other information can be gained from the Woodpecker Court website [www.woodpeckercourt.com](http://www.woodpeckercourt.com)

The school recognises the importance of these activities and, as such, will pay for half of the fee charged. We are, therefore, asking for a contribution of £7.50 per student. Please arrange to pay this amount via Wisepay by **31<sup>st</sup> August 2019** and return the attached consent form to me as soon as possible.

Students will be taken from school at 9 am on their teambuilding day and will be returned to school by 3.45 pm in order for them to make their way home as usual. More information will follow nearer to the date of the teambuilding days.

If you have any queries regarding this event, please contact me here at the school.

Yours sincerely

Mrs A Sheppard  
Head of Year 7  
[asheppard@thelangton.kent.sch.uk](mailto:asheppard@thelangton.kent.sch.uk)

**SIMON LANGTON  
GRAMMAR SCHOOL FOR BOYS**



**CONSENT FORM**

NAME OF EXCURSION : Year 7 Teambuilding Day

DATES : .....

PARTY LEADER/S : Form Tutor and Woodpecker Court Staff

I the undersigned, as a parent/guardian of .....  
declare that:-

My son is in the full charge of the leader of the party during the journey and I authorise the leader of the party to act on my behalf in matters concerning the safety and welfare of my son.

I shall be responsible for any expense not otherwise recoverable, which may be incurred by the party leader due to sickness of, or accident to, my son.

Should the necessity arise, I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.

DATE : .....

SIGNED : .....

PUPILS NAME : .....

FORM : .....

DATE OF BIRTH: .....

ADDRESS : .....

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TELEPHONE NO : (Home) .....

(Business) .....

**IS YOUR SON ALLERGIC TO ANYTHING OR DOES HE SUFFER FROM ANY  
OTHER CONDITION WHICH WE SHOULD KNOW ABOUT?**

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