



www.swanlandschool.co.uk

25th January 2024

Dear Parent/Carer (Year 3)

Year 3 Sleepover – Friday 23rd February (7.00 pm) to Saturday 24th February 2024 (9.00 am)

Year 3 children are invited to a sleepover at school! The sleepover will begin at 7.00 pm on **Friday 23rd February** and finish at 9.00 am on **Saturday 24th February**.

On the Friday evening, we will watch a film, have a bedtime story, drink hot chocolate and have a biscuit! On Saturday morning the children will have cereal and toast for breakfast.

Your child should arrive wearing their pyjamas and should bring a sleeping bag, a roll up mat (no inflatable mattresses, thank you), a pillow, a toothbrush and a teddy bear!

The staff on duty will be Mrs McCallum, Miss Platten, Miss Stephenson and Mrs Patrick.

A voluntary contribution of £10.00 per child would be gratefully received. This will cover costs but also will fundraise for some resources and experiences to help enhance the curriculum in Year 3 for your children. This is now available on the [ParentPay](#) website for you to pay online in the usual way. As you are now able to give consent on [ParentPay](#), you no longer need to return a paper permission slip to school. Should you require a paper permission slip, please contact the School Office.

Our policy is that no student should be discriminated against by virtue of their inability to pay. Parents in receipt of Income Support or a similar benefit should contact us in the knowledge that the matter will be dealt with in the strictest confidence.

Should you wish your child to take part, please log onto [ParentPay](#) to give your consent/make payment and also complete the medical and contact information form overleaf **by Thursday 8th February 2024**. Unfortunately, we will **not** be able to accept any late forms or payments.

Thank you for your continued support.

Yours sincerely

Hannah Stephenson
Head Teacher

On behalf of the Year 3 Team



PTO



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Medical and Personal Information Form

*(Please return to School Office by **Thursday 8th February 2024**)*

Pupil's Name: _____ Class: _____

Name of Emergency Contact 1:

Phone Numbers:

Relationship to pupil:

Name of Emergency Contact 2:

Phone Numbers:

Relationship to pupil:

Medical Information: Please give details of any medical needs your child has and medication they will need to be given.

Food allergies:

Please tick and initial each box if you give permission for your child to be given the following items below by a staff member should a need arise:

<u>Calpol</u>		<u>Plasters</u>		<u>Antihistamine</u>	
<u>Other</u>					

Signed:

Date: