

# Goodleigh C of E Primary School GOODLEIGH N Devon EX32 7LU

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Headteacher: Claire Grant Date: 12<sup>th</sup> May 2017



Dear Parents and Carers,

#### Year Six SATs

The children approached the week with enthusiasm and perseverance; we are so proud of them all. They have enjoyed their day of Forest School today, photographs will be uploaded to the blog.

#### Class Three, Goodleigh Allotment Trail

Class Three enjoyed a fantastic day exploring the allotments in Goodleigh. They visited a farm where potatoes were growing, helped paint sunflower seeds and saw lots of different animals which help produce food such as bees, chickens, geese, ducks, goats as well as a turkey. Thank you to Mr Fenton and Mrs Gibbon for allowing the children to explore their gardens.







#### Classes Two and Three, Visit to Rosemoor Gardens

Years Two, Three and Four enjoyed their visit to Rosemoor Gardens. Class Two learned about rocks and soils and Class Three discovered more about growing seeds.







Monday 15th May, Whole School Photograph

Please note that the whole school photograph will be taken on Monday morning. Please ensure that your child comes to school in their school uniform.

#### Thursday 18th May, Aquathlon, Ilfracombe Swimming Pool

The Aquathlon commences at 12.30 pm, you are very welcome to join us for the afternoon to support the team. The children will need to be collected from the swimming pool at 3.15 pm; if you are finding the pick-up difficult please let us know.

#### Monday 22<sup>nd</sup> - Wednesday 24<sup>th</sup> May, Years Five and Six Residential, Kilve Court

If your child will require medicine during the residential please complete the attached medical form and return to the school office by Wednesday  $17^{th}$  May. Kit lists were sent home with last week's newsletter ( $5^{th}$  May) and can be found on our website within the Newsletter section. If you require a hard copy please request one from the school office.

Kind regards,

K-Grant

Kate Grant

Head of Teaching and Learning

#### **Diary Dates**

Monday 15<sup>th</sup> May Whole School Photograph

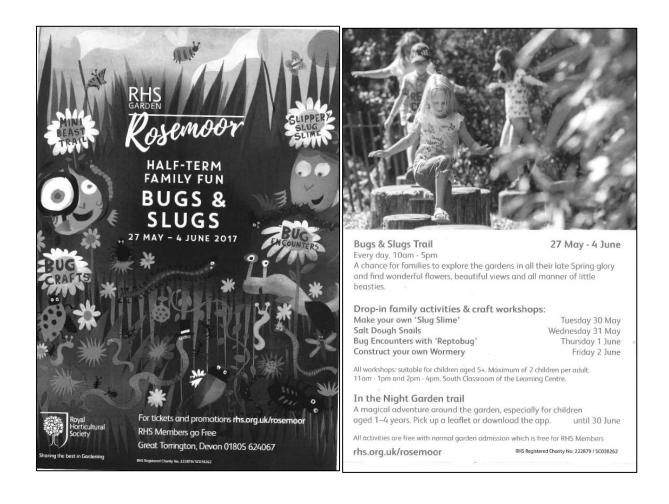
Thursday 18<sup>th</sup> May Aquathlon, Ilfracombe

Monday 22<sup>nd</sup> - Wednesday 24<sup>th</sup> May Years 5&6 Residential, Kilve Court

Monday 29th May - Friday 2nd June Half Term

Wednesday 14<sup>th</sup> June Sports Day

NB Year Six Bikeability has been incorrectly advertised, dates to follow after half term.



# Free Hockey Sessions

North Devon Hockey Club and Taw Valley H.C. are jointly offering 6 FREE taster sessions from TUESDAY  $13^{TH}$  JUNE 2017 6.45-7.45 at Park School.

Sessions are open to Girls and Boys from Years 4, 5 and 6 who can pass and receive a ball. Qualified coaches will be running these sessions and will be able to guide your son or daughter in the basics of hockey.

Places will be limited to 30 pupils so early booking is recommended.

For further details or to book a place:

Please ring or text Nick Howells on-07929058926 after 5pm.

### KILVE COURT CENTRE PROGRAMME

## Monday 22<sup>nd</sup> May 2017

| Group | 13:45 15:00       |   | 15:15 16:30       | :30 16:45<br>18:00 |          |   | Evening | Overnight |
|-------|-------------------|---|-------------------|--------------------|----------|---|---------|-----------|
| Α     | Archery           | В | Grass<br>Sledging | В                  | Schools  | D | Wide    |           |
| В     | Grass<br>Sledging |   | Archery           |                    | own time |   | Games   |           |

### Tuesday 23<sup>rd</sup> May 2017

| Group |   | 9:30<br>10:45        | В | 11:15<br>12:30         | L  | 13:45<br>15:00 | В           | 15:15<br>16:30 |          | 16:45<br>18:00 |  | Evening | Over-<br>night |
|-------|---|----------------------|---|------------------------|----|----------------|-------------|----------------|----------|----------------|--|---------|----------------|
| Α     | B | Raft building & High |   |                        | Ro | pes            | В           | Schools        | ٥        | Tumblica       |  |         |                |
| В     |   | High Ropes           |   | Raft building &<br>SUP |    |                | own<br>time |                | Jumblies |                |  |         |                |

## Wednesday 24<sup>th</sup> May 2017

|    | 9:30 10:45     | В   | 11:15<br>12:30 |   |
|----|----------------|-----|----------------|---|
| Br | Beach Visit, f | ocu | s on fossils   | _ |

| Key                         |   |  |  |  |  |
|-----------------------------|---|--|--|--|--|
| Yellow Kilve led activities |   |  |  |  |  |
| Blue                        | School to supervise group                 |  |  |  |  |
| Br = Breakfast              | 8.30am                                    |  |  |  |  |
| B = Break                   | 10.45-11.15am, 3.00-3.15pm & 4.30-4. 45pm |  |  |  |  |
| L = Lunch                   | 12.45pm                                   |  |  |  |  |
| D = Dinner                  | 6.00pm                                    |  |  |  |  |

| CONFIDENTIAL - MEDICAL INFORMATION FORM   |  |                        |                                       |                  |  |  |  |  |  |  |
|---|--|------------------------|---------------------------------------|------------------|--|--|--|--|--|--|
| PUPIL'S NAMENHS No  |  |                        |                                       |                  |  |  |  |  |  |  |
| PARENT/CARER NAME AND INITIALS  |  |                        |                                       |                  |  |  |  |  |  |  |
| CONTACT TELEPHONE NOS. IN CASE OF EMERGENCIES   |  |                        |                                       |                  |  |  |  |  |  |  |
| HOME (  | HOME (CODE) MOBILE:  |                        |                                       |                  |  |  |  |  |  |  |
| WORK (CODE)   |  |                        |                                       |                  |  |  |  |  |  |  |
| Email Ad  | ddress:  |                        |                                       |                  |  |  |  |  |  |  |
| NAME A  | ND ADDRESS OF FAMILY DO  | OCTOR                  |                                       |                  |  |  |  |  |  |  |
|   |  | TELEPI                 | HONE NO (Code)                        |                  |  |  |  |  |  |  |
| 1. Has  | your son/daughter had any of   | the following:         |                                       |                  |  |  |  |  |  |  |
|   | Asthma or Bronchitis   | YES/NO                 | Diabetes                              | YES/NO           |  |  |  |  |  |  |
|   | Heart Condition  | YES/NO                 | Allergies to any known drugs          | YES/NO           |  |  |  |  |  |  |
|   | Fits/Fainting/Blackouts  | YES/NO                 | Other illness or disability           | YES/NO           |  |  |  |  |  |  |
|   | Severe Headaches   | YES/NO                 | Bed Wetting                           | YES/NO           |  |  |  |  |  |  |
|   | Sleep Walking YES/NO Travel Sickness YES/NO  |                        |                                       |                  |  |  |  |  |  |  |
|   | Any other Allergies YES/NO   |                        |                                       |                  |  |  |  |  |  |  |
| 2. If the   | answer to ANY of the question  | ns above is <b>YES</b> | please give details in the space be   | elow.            |  |  |  |  |  |  |
|   |  |                        |                                       |                  |  |  |  |  |  |  |
|   |  |                        |                                       |                  |  |  |  |  |  |  |
| 3. Has y  | our son/daughter received vac  | cination against       | Tetanus in the last ten years?        | YES/NO           |  |  |  |  |  |  |
|   |  |                        | I treatment of any kind from either   | your Family      |  |  |  |  |  |  |
|   | tor or Hospital during the past 3<br>your son/daughter been given s                  |                        | advice to follow in emergencies       | YES/NO<br>YES/NO |  |  |  |  |  |  |
| •   | swer to either of questions 4 ar   |                        | -                                     |                  |  |  |  |  |  |  |
|   | ng dosage of any medicines/  | •                      | go g., o ano dotamo mere:             |                  |  |  |  |  |  |  |
|   |  |                        |                                       |                  |  |  |  |  |  |  |
|   |  |                        |                                       |                  |  |  |  |  |  |  |
|   | -  | nedical matter p       | rivately with the Director of Kilve C | Court, please    |  |  |  |  |  |  |
| telephone (01278) 741270.   |  |                        |                                       |                  |  |  |  |  |  |  |
| CERTIFICATION/PARENTAL CONSENT FORM   |  |                        |                                       |                  |  |  |  |  |  |  |
| <ul> <li>I consent to my child receiving any necessary medical treatment for any injury or illness during<br/>the visit to Kilve Court Residential Education Centre.</li> </ul> |  |                        |                                       |                  |  |  |  |  |  |  |
| As parent/carer of I have read, fully understood and am   |  |                        |                                       |                  |  |  |  |  |  |  |
| satisfied with the advertising details supplied about the course and agree to my son/daughter taking part. I know of no medical reason why he/she should not participate.       |  |                        |                                       |                  |  |  |  |  |  |  |
|   | I am aware that: -   |                        |                                       |                  |  |  |  |  |  |  |
|   | can only insure against the proven negligence by the Authority and/or its employees; |                        |                                       |                  |  |  |  |  |  |  |
| <ul> <li>I should consider making my own insurance arrangements for personal accident cover for my<br/>son/daughter.</li> </ul>   |  |                        |                                       |                  |  |  |  |  |  |  |
| Signed  |  |                        |                                       |                  |  |  |  |  |  |  |

NOTE Please remember to advise us immediately if there is a change in you child's medical condition before the commencement of the course.