



**Executive Headteacher:** Miss K Howarth

**Head of School:** Mrs J Payne

**Office Administrator:** Mrs D Hoar



Newchurch Primary School, School Lane, Newchurch, Isle of Wight, PO36 0NL.

**Phone/Fax:** 01983 865210

**Email:** [office@newchurchprimaryschool.co.uk](mailto:office@newchurchprimaryschool.co.uk)

Friday 9<sup>th</sup> February 2018

Dear Parent/Guardian,

**Year 6 Mayan Sleepover 23<sup>rd</sup> / 24<sup>th</sup> March '18 (Friday) 6.00pm - 8.00am Saturday**

As discussed at mentoring meetings we can now give you the date, times and arrangements for the Mayan sleepover.

The children will take part in a sponsored event of 10 challenges associated with the Mexican culture and through these challenges will learn, among other things, about their language, sport and music.

The sponsor money raised will be split between an Island charity of the children's choice and contribute some funding for any further trips this year, one of which will be an end of year Y6 trip to Chessington World of Adventure.

We will provide the children with a Mexican evening meal and a breakfast before they leave. Please indicate on the reply slip any special dietary requirements.

We will be watching an Indiana Jones film which is a PG (which we deem to be suitable). Please indicate on the reply slip however if you do not want your child to watch it.

We will run the event from 6.00 pm until 8.00am, and you should drop off and pick your child up from the school office.

Children will need to bring a sleeping bag, camping mat (if they have one) and pillow; if they require any medication please send this in a named bag along with the dosage needed.

We hope the children will have an enjoyable - if tiring, "wake-over".

Yours sincerely,

Anne Rumbold/Nicola Newton  
Class Teachers





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**Please complete and return to Mrs Rumbold/Mrs Newton**  
**Mayan Sleepover - March 23<sup>rd</sup>/24<sup>th</sup>**

**Name** ..... **Class**.....

**I give permission for my child to attend the above event. YES/NO**

**I give permission for my child to watch the Indiana Jones film. YES/NO**

**My child has the following dietary requirements.....**

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**Signed Parent/Guardian.....Date.....**

