Kingsnorth Church of England Primary School
Church Hill, Kingsnorth, Ashford, Kent TN23 3EF
T 01233 622673 E office@kingsnorth.kent.sch.uk W www.kingsnorth.kent.sch.uk
**Headteacher:** Mr Iain Witts

7th September 2026

Dear Parents/Carer

We are pleased to confirm that the Year 3 day trip to PGL will be going head next year on Thursday 6th May 2027, to coincide with our Year 4 residential.

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|---|---|
| **Place of visit:** | ***PGL Ashford*** |
| **Date and day of visit:** | **Thursday 6th May 2027** |
| **Cost:** | ***£15.82 this can be made in instalments, lunch included*** |
| | ***Payment to be made via your MCAS account.*** |

The cost will include 4 full activities and lunch. As your child is entitled to Free School Meals, the government provide the school with funding in order to support your child's learning, development and experiences whilst at school.

We would therefore like to use some of this funding in order to create a more affordable cost for this trip. We would like to propose that we finance 75% of the total cost of the trip (£63.30). This leaves a balance of £15.82 for you to pay.

Your deposit and only payment will therefore be £15.82, due by 25th September 2025.

We ask parents to drop off and collect your child from the centre. This helps us keep the cost of the trip down in price. If your child is getting a lift with someone else, please let us know in writing or via the school office in advance.

If your child becomes unwell a few days before the trip, please call the school office to advise on the morning of their trip.

We have over the years, had great fun and every child has thoroughly enjoyed the whole experience. It provides the children with a 'taster' for the Year 4 residential.

Please see below the date on which we require the initial deposit for the trip by and final payment.

Yours sincerely

Mr Witts

Executive Headteacher

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**Year 3 – PGL trip**

I give /do not give permission for my son/daughter…….to take part in this trip on **Thursday 6th May 2027.**

My child has the following dietary requirements/medical needs. ☐

Please give details:_____

**Medical Consent**

I agree to my son/daughter receiving medication as instructed and any emergency treatment, as considered necessary by the medical authorities present.

Please can you provide an emergency contact number for the day: _____

Parent/Carer Signature……Date:……..