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.

Place of visit: **PGL - *Ashford***

Date and day of visit: **Thursday 6th May 2027**

Cost: ***£63.30 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. If you are in receipt of certain benefits including free school meals, there will be a reduction to the full price. This trip is not linked to the curriculum therefore, is a paid trip for your child to attend.

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.

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.

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

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

Payment	By Date:	£
Deposit	25th September 2026	£45
Remaining Payment	5th March 2027	£18.30

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:……..