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27 February 2017

Dear Parents and Carers

I am writing to you regarding an exciting Religious Education visit to Gurdwara Sahib Woolwich on Thursday, 15 June 2017.

As part of the Year 7 Religious Education Curriculum we study key beliefs and teachings from Sikhism. This visit will support students' understanding about the Sikh faith as well as develop a deeper understanding of the Gurdwara's function in helping the local community through the many charitable activities that take place.

School uniform must be worn and students should wear an appropriate coat and shoes for the weather. Students will be fully responsible for any money or personal belongings such as mobile phones etc, brought with them. To adhere to the code of conduct in this place of worship a vegetarian based packed lunch will be required. If your child is eligible for free school meals, a packed lunch will be provided. Students will travel by public transport. Transport tickets are already organised.

Students will register at school in the tutor time. Then they will meet the Religious Education staff in the Canteen at 9:00 am where we will do the register. We should aim to return to school by Period 5 or 6.

There are 30 places so it is on a first come first served basis. The cost of the trip is £1.00. This should be paid to the RE Teachers as soon as possible as there are only 30 places.

Please can you fill in the details below if you wish to attend?

Please give this to your Religious Education Teacher.

If you have any further queries please do not hesitate to contact me on hrahman@thomastallis.org.uk

Yours sincerely

Mr Rahman

A handwritten signature in black ink, appearing to read 'Rahman', written in a cursive style.

Humanities Teacher

Please return to Mr Rahman or Ms Choudhury in the Humanities Department

I give permission for my child: _____

Tutor Group: _____

to attend a Religious Education visit to Gurdwara Sahib Woolwich

Emergency contact name: _____

Emergency Contact number: _____

My child is entitled to a free school meal Yes No

If there are any medical considerations, please specify:

Parent or Carer signature: _____ Date: _____