



**The Grange Community Junior School**  
Wren Way  
FARNBOROUGH  
Hampshire  
GU14 8TA

15 September 2024

Sample Parent

Email:  
adminoffice@grange.hants.sch.uk  
Phone: 01252542196  
Website:  
<http://www.grange.hants.sch.uk>

Sample Student (Year 1, Samples)

## **YR3 IRON AGE EXPERIENCE 10.3.25**

# YEAR 3 Iron Age

## **Iron Age Experience Monday 10th March 2025**

On **Monday 10th March 2025** a representative from "Experience the Iron Age" will be coming to school to hold an Iron Age re-enactment day as part of the children's history topic.

The children will be partaking in various fun activities on site including dressing in Iron Age clothing, craft activities and warrior training. As some of these activities may be held outside, please ensure you provide your child with a warm waterproof coat.

The children will be using face paint and examining real fur and skins from the period, so please use the permission slip below to indicate if your child has any allergies relating to the above.

The parental contribution to cover the cost of this day, along with the necessary resources will be **£8.00** per child and can be paid on SCOPAY or cash sent to the school office.

In order that your child may take part on the day, please complete the permission slip below no later than **Friday 28th February 2025**.

**Please note that if we do not receive enough parental contributions to make the day viable, we will have no option but to cancel the trip. If this is the case, a full refund will be given.**

Yours sincerely

Mrs Best Miss LeBas  
YR3 Team

**Please complete the form below and submit it by 28th February 2025.**

I confirm that I give permission for my child to take part in the Iron Age Experience on **Monday 10th March 2025** and will pay **£8.00** on SCOPAY or in cash to the school office to cover the cost for my child.

**Childs Name**

New Text Field

## Class

Please select your child's class

Hawk

Heron

## Medical Information

Please inform us of any medical information/allergies below

## Signed by Parent/Carer

Please sign the parent/carers name in BLOCKED CAPITALS

Name

Date