



MALCOLM SARGENT PRIMARY SCHOOL

Love To Learn

26 February 2019

Dear Parent

FLY TO THE LINE – NATIONAL FINALS - RAF COSFORD – 3 APRIL 2019

Before half term you will be aware that your child attended the Regional Finals of the Fly to the Line Project at RAF Cranwell.

I am pleased to tell you that the team from 5S were successful in building and flying a new glider at that event, which not only meant they were regional winners, but that they have now gained a place at the National Finals at RAF Cosford on Wednesday 3 April 2019. There will be no charge for this event.

The event starts at 9.30am therefore we will be leaving school at 7.30am to return to school at approximately 4.30pm. The children will be transported in a staff member's car. If your child is under 12 years old and under 135cm, he/she must be in a booster seat. Please provide one to Mrs Stenson on 3 April, clearly named. Children should be in full school uniform with an outdoor coat. They should bring in a packed lunch, drinks and snacks, in a small rucksack. If your child is entitled to a free school meal, we are able to provide this on request in advance from Mrs Bell at the school office. If your child requires an asthma inhaler or an auto-adrenaline injector, and we have these in school already, we will take them with us automatically. If your child requires any other medication, please mark the slip below when you return it to us. If your child requires travel sickness medication, please let me know.

Please complete the form below, confirming your agreement to them attending the event, and return it to me by Monday 11 March 2019.

The children thoroughly enjoyed the Regional Event at RAF Cranwell and this will help to consolidate their knowledge of flying so far, as well as being an amazing experience.

Yours sincerely

Paula Stenson
Head of Year 5

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FLY TO THE LINE GLIDER NATIONAL FINALS – MRS STENSON

Child: Class: Y5.....

- My child may attend the above event at RAF Cosford
- I am happy that my child will need to be at school at 7.25am
- Medication:
- My child requires a booster seat:
- Contact No:

Signed: (Parent/Guardian)