

Cardinal Pole Catholic School 205 Morning Lane, London, E9 6LG Tel: 020 8985 5150

www.cardinalpole.co.uk

Headteacher: Ms J Heffernan Follow us on Twitter @CardinalPoleRC

4th May 2018

Dear Parent/Carer

CARNEGIE SHADOW AWARD EVENT: 14TH JUNE 2018

As part of the Carnegie Shadow programme, your child has been selected to present Cardinal Pole Catholic School at the annual Hackney Carnegie Day, held this year at The Petchey Academy.

Pupils have been reading the shortlisted books, discussing them in a weekly club and will eventually write online reviews in the run up to the prestigious Carnegie Award.

Over the years Hackney schools have got together to run an additional event, where pupils give a presentation on their school's selected book; the best presentation winning the coveted Hackney Carnegie Shadow Award. Pupils also vote for their overall Carnegie winner and get the opportunity to meet one of the shortlisted authors, Angie Thomas author of "The Hate You Give" who will be judging the event and giving a talk.

| Details of the trip: | |
|----------------------|---|
| Venue: | The Petchey Academy, Hackney |
| Date(s): | 14 th June 2018 |
| Time: | 9.30am – 3.30pm: students will be brought back to school unless specified |
| by you. | |
| Travel arrangements: | Travel from school by bus |
| Cost: | No cost: please ensure pupils have their Oyster cards for free |
| | travel |
| Meals: | Pupils should bring a packed lunch. |

This is an exciting annual event and your child is sure to benefit educationally plus have a thoroughly enjoyable day.

Please complete the attached reply slip below and return it to myself or Ms Gallagher by 14th May 2018.

Yours faithfully

Ms K Hayward English Teacher

REPLY SLIP: CARNEGIE SHADOW AWARD EVENT: 14TH JUNE 2018 PETCHEY ACADEMY TO BE RETURNED TO MS HAYWARD OR MS GALLAGHER BY 14TH MAY 2018

I give permission for my child to attend the trip to Petchey Academy for Carnegie event.

I give permission for my child to make their own way home / I wish for my child to be taken back to the school for 3.45pm (please select).

| Student Name: | | Form: | (please print) |
|--|--------------------|-------|----------------|
| Medical Condition/Allergies: | | | |
| Emergency Contact Name and Relationship to Child:. | | | |
| Emergency Contact Number: | | | |
| Signed: | (Parent/Carer) Dat | e: | |