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Executive Headteacher: Ms J Heffernan Associate Headteacher: Ms P Whyte Follow us on Twitter @CardinalPoleRC Email: enquiries@cardinalpole.co.uk

22<sup>nd</sup> June 2018

Dear Parent/Carer

Cardinal Pole

Catholic School

## DEBATE WORKSHOP AT ST DOMINIC'S PRIMARY SCHOOL

Due to your child's very successful participation in the school's debate club, we are giving them the opportunity to further enhance their leadership and debate skills by teaching others. As part of the Debate Mate programme the students have participated in, they are encouraged to broaden the impact of their learning by running workshops for younger students. We will therefore be taking selected pupils to St Dominic's primary school in order to run debate sessions for the Year 6 students there. This is a valuable opportunity to improve their communication, organisation and leadership ability, as well taking part in a rewarding experience which allows them to give back to the local community.

Details of the trip:	
Venue:	St Dominic's Primary School, Ballance Road, E9 5SR
Date(s):	Tuesday 3 <sup>rd</sup> July 2018
Time:	1.45pm – 3.30pm.
Meals:	They will have an early lunch at school (normal school lunch available).

Students will be escorted to and from St Dominic's. The school is very local, so the students will be dismissed from there when the session has ended. If there are any concerns regarding the trip, please feel free to contact me.

Please complete the attached reply slip below and return it to myself or Ms Hayward by Thursday 28<sup>th</sup> June 2018.

Yours faithfully

Ms A Hartley Lead Practitioner (Literacy)

## **REPLY SLIP: DEBATE WORKSHOP AT ST DOMINIC'S PRIMARY SCHOOL TO BE RETURNED TO MS HAYWARD OR MS HARTLEY BY THURSDAY 28<sup>th</sup> JUNE 2018**

## I give permission for my child to attend the debate workshop.

I give permission for photos of my child to be used by the organisers of the workshop.

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



