

Cardinal Pole Catholic School 205 Morning Lane London E9 6LG

Tel: 020 8985 5150 www.cardinalpole.co.uk

Headteacher: Ms J Heffernan

21st October 2014

Dear Parent /Carer,

Debate Mate Launch Trip - Tuesday 4th November 2014

As you will already know, your child has been invited to join a debate club at school run by Debate Mate. On **Tuesday 4th November** 2014 students have been invited to attend the launch of the programme at the **Emmanuel Centre in Central London.**

This will be a great opportunity for the students to be introduced to debating and watch some world champion debaters as well as students that have been involved in the Debate Mate programme before. The students will also have the opportunity to take part in the floor debate in front of a large audience of their peers. It will be incredibly valuable and a lot of fun.

The students must wear school uniform on the day. We will be leaving school at **12:30 pm** and returning at **5:30 pm**. There is no charge for the day and we will be travelling by public transport. Please ensure that your child has an Oyster card for free travel on the bus, if not arrangements can be made but we must be notified. A packed lunch will be provided if your child receives free school meals, otherwise please provide your child with a packed lunch.

I am sure you will agree that this is a worthwhile experience, which will benefit learning and help prepare the students for the start of their debate club.

Can you please complete the slip below showing that you give permission for your child to attend this trip. Students who do not return the slip will not be able to attend the trip.

Thank you for your support.

Yours sincerely,

| Mr Evans | |
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| English Teacher | |

Permission Slip Debate Mate Launch – Tuesday 4th November 2014

(Please complete and return this slip to Mr Evans by Friday 24th October 2014)

| I, the parent/carer of permission for my child to attend the tr which are in the above letter. | in form ip on Tuesday 4 th November to the | | |
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| Name of Parent/Carer (Please print): | | | |
| Signed: | | | |
| Date: | | | |
| Details of any medical conditions: | | | |