

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

www.cardinalpole.co.uk

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

10th October 2018

Dear Parent/Carer

TRIP TO DEBATE MATE LAUNCH: EMMANUEL CENTRE IN CENTRAL LONDON

Your child has been selected to attend the launch of the **Debate Mate programme at the Emmanuel Centre in Central London on Thursday 1st November 2018.** This is due to their attendance at a weekly Debate Club run at the school.

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Venue: Emmanuel Centre, Marsham Street, Westminster SW1P 3DW.

Date(s): Thursday 1st November 2018

Time: 2.30am – 4pm

Travel arrangements: Travel from school by bus

Cost: No cost: please ensure pupils have their Oyster card for free travel

Meals: Pupils will have lunch before they leave school.

Special Clothing: School uniform

This will be a great opportunity for the students to be introduced to debating, watch a show debate featuring world champion debaters and students that have been involved in the Debate Mate programme before. Students also have the opportunity to take part in the floor debate in front of a large audience of their peers, if they wish. It will be incredibly valuable and a lot of fun!

Please be assured that the students will be accompanied to and from the venue, as well as being fully supervised for the entire trip. If there are any concerns regarding the trip, please feel free to contact me, Ms Hayward, on the above number.

Please complete the attached reply slip below and return it to me or Ms Hartley by Monday 15th October 2018. **Please Note: No child will be allowed to attend the trip without a completed reply slip.**

Yours faithfully

K. Hayward

Ms K Hayward English Teacher

REPLY SLIP: Debate Mate Launch at the Emmanuel Centre on Thursday 1st November 2018

I give permission for my child to attend the trip to the Emmanuel Centre.

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



