



Nyewood CE Infant School

Brent Road, Bognor Regis

West Sussex PO21 5NW

Telephone: (01243) 823283

Fax: (01243) 841606

office@nyewoodinf.co.uk

www.nyewoodinf.co.uk

Headteacher: Anna Wells MA



“SMILING, CARING AND LEARNING TOGETHER ON A JOURNEY WITH GOD”

Wednesday 3 July 2024

Dear Parents/Carers,

Year 2 Leavers' Service

As you will know from our dates list we are holding our Year 2 leavers' service on Wednesday 10 July. This will be held at St Wilfrid's Church at 2.00pm. We would love for you to join us for this very special occasion. We also need some adult volunteers to assist us in the walk to the church, if you can take part, we will need you to arrive at school at 1.20pm on this day. We will need you to complete the form below and ensure you also fill in the 'Next of Kin Form for Volunteer Helpers' section. Due to the service being in the afternoon we would like the children to be collected from the church at 2.45pm, rather than returning to school. Due to this, we do not need volunteers to walk the children back to school again. Teachers will have the usual school collection lists, so if somebody different will be collecting from the service at 2.45pm please let the office know.

Please complete the attached reply slip to confirm your attendance and return to the school office.

Thank you for your support and we very much look forward to seeing you at the service.

Yours sincerely

Mrs Clare Burgess

YEAR 2 LEAVERS' SERVICE – ST WILFRID'S CHURCH WEDNESDAY 10 July 2024

I am able to help walk the Y2 children to the Leavers' Service

and I have completed the volunteer 'Next of Kin' form (attached)

OR

I/we will be attending the Leavers' Service but cannot volunteer to walk

I/we are not able to attend the Y2 Leavers' Service

Child's name: _____ Class: _____

Parent/Carer's Name: _____ Signed: _____ Date: _____

YEAR 2 LEAVERS' SERVICE – ST WILFRID'S CHURCH WEDNESDAY 10 July 2024

Next of Kin Form for Volunteer Helpers

Helper's First Name: _____ Helper's Surname: _____

Helper's Next of Kin Full Name: _____

Helper's Next of Kin Contact Number: _____

Signed: _____ Date: _____