8th June 2018

Dear Parent/Carer

**Tavistock Carnival Procession Saturday 21st July**

The Tavistock Carnival is almost upon us again. This year the theme for the carnival is countries around the world. So in keeping with this we will be creating a scene all about America where we will dress up as something from the USA.

The Carnival Procession is on Saturday 21st July and we are hoping to get as many children and family members as possible to be involved this year.

**If your child/children would like to take part in the procession** **please complete and return the reply slip below as soon as possible, as it is important to know how many costumes and props we will need to make**.

We really do hope you will be able to join in and be involved as it is a fun way to round off the school year. Please be aware that any children from nursery and/or reception classes will need to be accompanied by an adult throughout the whole procession.

We are asking Year 6 pupils to come along on a Friday after school to help assist the adults in preparing and making costumes and props. If your child would like to assist please complete the attached permission slip. These sessions start on Friday 15th June in Mr Holt’s room and will finish at 4.30pm.

Yours sincerely

C Holt

**To Mr Holt, Tavistock Community Primary School**

**I give permission for my child to attend the after school workshops taking place on Friday 15th, 22nd and 29th June, 6th, 13th and 20th July. The workshop will finish at 4.30pm. Please tick the box**

I also give permission for my child/children to take part in the Tavistock Carnival procession on Saturday 21st July 2018.

Signed by Parent/Carer…………………………………………………….

Dated…………………………………………………………………………

Please confirm how many of your children will be taking part

**Please can you also complete the following in respect of your child/children for this activity:-**

Child’s/Children full name(s) & class number(s):- ............................................

............................................................................................................................

Address...............................................................................................................

Mobile telephone number for evening of Carnival………………………………..

Dates of birth(s)..................................................................................................

Doctors Surgery..................................................................................................

Does your child/children need any medication during the event? (e.g inhalers)

............................................................................................................................