HOLY CROSS CATHOLIC PRIMARY SCHOOL

Daiglen Drive, South Ockendon, Essex RM15 5RP
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Headteacher: Mrs Sandra Power BA(Hons) NPQH

10th November 2023

Dear Parents/Carers

<u>Walk Online Roadshow – Wednesday, 22nd November 2023</u>

Thurrock Local Safeguarding Children's Board have arranged for Year 5 pupils to attend the Walk Online Roadshow on Wednesday, 22nd November 2023. This online safety event is being run by Thurrock Council and will be held at the Civic Hall, Blackshots, Grays.

The programme aims to raise awareness for your child around the positives and also the risks associated with today's ever-changing technology. This event is led by Essex Police On-Line Investigation Team and some content may refer to real life examples of cases that they have investigated and will include day to day terminology used by young people. If you have any concerns about this, please contact the Thurrock Local Safeguarding Board on lscb@thurrock.gov.uk or 01375 652813.

Most of the funding for this event is being covered by the Local Safeguarding Children's Board and supported by your child's school; however, we are asking for a small voluntary contribution of £2.50 per child to supplement the cost of transport.

Your child will have an early lunch in school before they leave at 12.15pm. They will travel to the venue by coach and will return by 3.00pm in time for the end of the school day. Pupils are required to wear their normal school uniform.

Can you please complete the attached permission slip and return to the School Office by no later than Friday, 17th November.

Yours sincerely

Mrs H Westrop
Assistant Headteacher

Please return completed slip to the School Office by deadline of Friday, 17th November

Child's Name: _____ **Class:** _____

I give permission for my child to travel by coach to the Civic Hall, Blackshots, Grays on Wednesday, 22nd November 2023	
I confirm that I have made the payment of £2.50 via School Money	
I give permission for a member of staff to administer first aid to my child in the event of an accident	

Please list below any medical conditions:

_____

_____

_____

_____

Parent Name: _____

Signed: _____ **Date:** _____