

CANNON LANE PRIMARY SCHOOL (4—11 years)

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Mr A Phillips Headteacher

Friday 22nd April 2016

YEAR 5 ANCIENT GREEK DAY

Dear Parents and Carers,

As part of our work investigating the lives of the Ancient Greeks, we have arranged an 'Ancient Greek Day' workshop to take place in school on **Wednesday 4th May 2016**. The day will be led by a company called "History off the Page".

We are requesting a voluntary contribution of £7.00 per pupil towards the cost of this workshop. If the school does not receive sufficient voluntary contributions, it may be necessary to cancel this exciting opportunity and others in the future.

On this day your child will experience, through role play, the life as it would have been in the year 490BC at the time of the Battle of Marathon, using authentic tools and materials whenever possible to learn skills as apprentices in a wide variety of workshops.

As the day progresses, the children will get involved in the issues of the time, with the chance to participate in a range of cross-curricular activities. By the end of the day, they will have a really good idea of how it felt to be a Greek Citizen at this pivotal date in History, which led to the rise of Athens as a major power in the ancient world. There will also be an Ancient Greek Banquet, where children will experience some of the traditional foods that the Greeks would have eaten at that time. Please indicate below if your child has any food allergies.

We would be very grateful if a small number of parents were able to join us to help supervise the workshops and to help with the clearing up after the banquet. Please indicate below whether you are available to help.

It will really help the atmosphere of the day if children could wear a simple Greek costume. The adults are also encouraged to wear Greek costumes!

Yours sincerely,
Year 5 teachers

YEAR 5 ANCIENT GREEK DAY – Wednesday 4th May 2016

I enclose a voluntary contribution of £7.00 (cheques are preferable please - made payable to Cannon Lane Primary School, with child's name and class on reverse).

Name of Child..... Class.....

Signed Parent/Carer

Food allergies:

I am able/unable to help on this day. (*please delete as appropriate*)

PLEASE RETURN SLIP WITH PAYMENT TO YOUR CHILD'S CLASS TEACHER/SCHOOL OFFICE NO LATER THAN THURSDAY 28TH APRIL 2016

