

CANNON LANE PRIMARY SCHOOL (4—11 years)

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Mr A Phillips Headteacher

Friday 11th November 2016

YEAR 4 ANCIENT EGYPTIAN DAY

Dear Parents,

As part of our work investigating the lives of the Ancient Egyptians, we have arranged an 'Egyptian Day' to take place in school on **Wednesday 14th December 2016 for 4P and 4LSM and Thursday 15th December 2016 for 4J and 4M**. The day will be led by a company called "History off the Page". We are requesting a contribution of £7.50 towards the cost of this workshop. If the school does not receive sufficient contributions, it may be necessary to cancel this.

On this day your child will learn through role-play, and experience life as it would have been living during 14th century B.C. The Pharaoh at the time was Akhenaten and his wife, Nefertiti, who left Thebes to set up a new city to worship the Sun God, the Aten. Your child will be 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 have 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 an Egyptian at this time. There will also be an Egyptian Banquet, where children will experience some of the traditional foods that the Egyptians would have eaten at that time. Please indicate below if your child has any food allergies.

We would be grateful for some parent helpers so please join us, either for the whole day or just for the morning or the afternoon. You will see for yourself the value of the day!

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

Please indicate below whether you are available to help.

Yours sincerely,
Year 4 teachers

YEAR 4 EGYPTIAN DAY – Wednesday 14th December 2016 / Thursday 15th December 2016

I enclose my contribution of £7.50 (cheques are preferable please - made payable to Cannon Lane Primary School, with child's name and class on reverse).

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

Food allergies:

Parent/Carer Name:

Signed Parent/Carer

I am/am not able to help on **Wednesday/Thursday**. (*Please delete as appropriate*)

PLEASE RETURN SLIP WITH PAYMENT TO YOUR CHILD'S CLASS TEACHER/SCHOOL OFFICE NO LATER THAN THURSDAY 17TH NOVEMBER 2016.

