



# Horndon-on-the-Hill C. of E. Primary School

Hillcrest Road, Horndon-on-the-Hill, Essex. SS17 8LR

Tel: 01375 673260 Fax : 01375 643509

E-mail: [admin@horndon-on-the-hill.thurrock.sch.uk](mailto:admin@horndon-on-the-hill.thurrock.sch.uk)

Website: [www.horndononthehill.org.uk/](http://www.horndononthehill.org.uk/)

Twitter : @HOTHSchool

Headteacher : Mr. T.R. Martinson

Chair of Governors : Mrs L Fergus

Taking care of each other  
Always trying our best  
Everyone learning together

22<sup>nd</sup> January 2016

Dear Parents

## Young Voices – 29th January 2016

Please find map of the O2, showing seating for the children on 29<sup>th</sup> January.

The children will be sitting in **Section 106 – Level 1 - Rows W, X, Y and Z. Parents are in Section 114 – Rows J to Q.**

This year there is a Young Voices app. If you download the app, you will be able to see exactly where your child is. Teachers can take photos of the choir and securely share them with parents. The parent code for this is 72F155. You have given permission for photographs to be taken on the young voices consent forms, but should you **not** wish for them to be photographed please send me a letter, advising of this, as soon as possible. Miss Wilkins and I will only be using school tablets to take photographs.

We have purchased light up space bug head boppers for the children to wear. We are awaiting confirmation from Young Voices to see if the children are able to wear them during the performance. This will help you identify where the children are sitting.

As you can imagine the O2 does become very loud and children may become unwell. If you require additional medication, other than medication currently at school, to be administered to your child, please complete the permission slip below. The medication should be supplied in a clear plastic bag (sandwich bags are suitable) and clearly labelled with your child's name and dosage required. Would you please return to me by 27th January. Unfortunately if we do not have medication and a permission slip, we will be unable to administer any medication.

Should you have any questions, please do not hesitate to contact me.

Kind regards

Mrs S Legg  
Administration Officer

## Young Voices – 29<sup>th</sup> January 2016

Name of child : \_\_\_\_\_

I give permission for Mrs Legg to administer \_\_\_\_\_  
(name of medication supplied) to my child.

The dosage required is \_\_\_\_\_.

Signed: \_\_\_\_\_

**PLEASE RETURN VIA CLASS TEACHER BY WEDNESDAY 27<sup>TH</sup> JANUARY. THANK YOU**