KINGSBURY GREEN PRIMARY SCHOOL
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Headteacher: Ms Laura Wynne B.Ed (Hons), MA (Ed), NPQH

30.04.2019

Dear Parent/Carer of **Class:**

RE: FASTING FOR RAMADAN – Y5 & Y6

As Ramadan approaches, we appreciate that some of our children will be fasting for all or part of this period. The school is able to support pupils in Y5 and 6 with this observance but for the younger children we discourage fasting during the school day because of the impact it can have on concentration, learning and behaviour.

As a school we want to ensure the well-being of your child(ren) during this period and so need to be aware of which children are fasting, either completely or partially and whether you agree to them breaking their fast should the need arise e.g. feeling faint during any hot days.

I would ask you to bear in mind that even during Ramadan, there is an expectation that your child(ren) are ready for learning as usual and participate in all areas of the curriculum including P.E. Please make sure you are aware of the days on which your child has P.E and consider their requirements particularly on those days.

Please also note that if you have a child in Year Six, they will need to continue to work hard revising towards their SATs which take place during the week of May 13th and if your child is planning on fasting then we would like to be able to support them during this time. Please complete the slip below and return to their class teacher.

Any child who has not returned the completed slip to the school office (by Friday 3rd May) before the start of Ramadan WILL be expected to eat and drink during the day.

Thank you for your support with this matter.

Yours sincerely,

Laura Wynne
Headteacher

Child's name: _Class

I give permission for my child to fast during Ramadan YES / NO (Please circle)

I give permission for my child to break their fast should they feel unwell YES / NO (Please circle)

I give permission for my child to drink water only during Ramadan YES / NO (Please circle)

Please circle which days your child will be fasting.

Monday Tuesday Wednesday Thursday Friday

Signed Parent/Carer_____ Date: _____