13 March 2019

Dear Parents

Year 2 Trip – Stratford Upon Avon

During this spring term, we have arranged for Year 2 pupils to visit Stratford Upon Avon in support of their topic work on William Shakespeare, as well as local landmarks, on:

Friday 5 April 2019

In accordance with the Government policy on charges, parents are asked to make a voluntary contribution to cover costs of transport and insurance. If there are insufficient voluntary contributions to meet the cost, the visit will not be able to go ahead.

We will not be entering any payable attractions, which means the only cost involved for this trip is for the coach travel, amounting to £5.67 per child.

Payment for this trip will need to be made by 4pm on Friday 29 March 2019 at the latest.

If any parent anticipates difficulty making payment, please speak to myself or Mrs Davies as soon as possible.

The coaches, which have lap belts, will leave school by 9am and then depart from Stratford Upon Avon at approximately 12:30pm. The coach should return to school for 1pm, but may be delayed by traffic.

We anticipate that we will return to school by lunch time, so normal dinner arrangements will apply.

If you wish for your child to take part in this trip, please return the completed consent form to your child’s class teacher; and pay using your online ParentPay account, or at your nearest PayPoint store by 4pm on Friday 29 March 2019 at the latest.

If you wish to pay at a PayPoint store, please request a barcoded letter from the school office.

Should you require any additional information, please contact your child’s class teacher.

Yours sincerely

Beverley Elliott
Headteacher
Year 2 Trip – Stratford Upon Avon
PARENTAL CONSENT

Child’s Name: _________________________ Class: _______________

☐ I give permission for my child to take part in the Year 2 trip to Stratford Upon Avon on Friday 5 April 2019.

Medical Information

☐ I give consent for my child to be given first aid or urgent medical treatment whilst on the above trip if required.

Please give details of any medical conditions that your child suffers from and any medication your child should take during the above trip:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signed: ___________________________ (parent/carer)  Date: _________________