

## ALEXANDER HOSEA PRIMARY SCHOOL

Date: 19 September 2016

Dear Parents/Carers

### SCHOOL VISIT

A visit has been arranged for your child, details below:-

<b>TRIP VENUE:</b>	<u>Walking Tour of Bristol looking at Banksy/ferryboat ride and M Shed</u>
<b>CLASSES:</b>	<u>Diamond</u>
<b>DATE OF TRIP:</b>	<u>Friday 7 October</u>
<b>TIMES:</b>	<u>9.15am-3.15pm</u>
<b>COST:</b>	<u>£13.35</u>

A packed lunch will be required Children who receive free school meals may order one from school, please indicate below. School uniform should be worn with sensible shoes and waterproof coat.

The cost of the trip is £13.35 which covers transport and the cost of the tour including the ferryboat ride. Parents can pay for this trip using our online service if they wish, details of which have been sent to you. Please let us know if you have any queries regarding this. Contributions are voluntary but if a significant number of parents do not pay the trip will have to be cancelled. Please can parents in receipt of income support contact the office. All cheques should be made payable to Alexander Hosea Primary School. Details of school journey insurance cover are available from the office.

Parent helpers are needed on this visit, but will be required to pay 90p for the ferryboat ride. Could you fill in the slip below if you are able to attend. Please return slip by: **Friday 30 September**  
Yours sincerely

### **Class Teacher**

*A reminder to parents using After School Club – Please advise them of changes to your normal booking.*

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### **SCHOOL VISIT TO: Bristol-walking tour of Banksy, Ferry Boat ride and M Shed**

**Date: 7 October Class: Diamond**

I give permission for ..... to go on the school trip on.....

Child's Class: .....

I enclose £ .....

**I have paid online Y/N**

I am able to help with this visit: ..... (Yes/No) If you answered 'Yes' please inform the school of any medical information we should be aware of that may occur while you are helping on the trip, e.g. Asthma, epilepsy etc.  
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My child will require a school packed lunch (Yes/No)

Pupil medical information the school should be aware of:  
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**SIGNED: ..... (Parent/Carer)**

**DATE:**

