



**ALEXANDER HOSEA PRIMARY SCHOOL**  
*'Roots to grow, wings to fly'*

Date: Monday 22 May 2017

Dear Parents/Carers

**SCHOOL VISIT**

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

<b>TRIP VENUE:</b>	<u>Berkeley Castle</u>
<b>CLASSES:</b>	<u>Jet</u>
<b>DATE OF TRIP:</b>	<u>Monday 26 June</u>
<b>TIMES:</b>	<u>9.30am-3.30pm</u>
<b>COST:</b>	<u>£13.20 plus optional £1.00 for goody bag</u>

A packed lunch will be required. Children may order a packed lunch from the school kitchen, please indicate below if you would like one.

School uniform should be worn with sensible shoes and waterproof coat. The cost of the trip is £13.20 which covers transport and admission to the Castle. 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.

Children may buy a goody bag for £1.00, please send this in cash in a separate envelope direct to office. Trip payment of £13.20 may be paid using our online Sims Agora system, please let us know if you require a reminder of your unique reference code. Helpers are needed on this visit, could you fill in the slip below if you are able to attend and inform of us of any medical needs you may have so that we can be aware.

Please return slip by: **Monday 12 June**

Yours sincerely

**Class Teacher**

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**SCHOOL VISIT TO: Berkeley Castle                      Date: Mon 26 June                      Class: Jet**

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

I am able to help with this visit: (Yes/No)

My child will require a school packed lunch: (Yes/No)

I enclose £1.00 cash for goody bag..... (Please tick)

I enclose £..... (Chq/cash) for admission and coach OR

**I have paid online..... (Please tick) remember to send in permission slip**

Medical information the school should be aware of:

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**SIGNED:** ..... (Parent/Carer)

**DATE:**

