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# **Alexander Hosea Primary School**

**‘*Roots to grow, wings to fly’***

Honeyborne Way, Wickwar, South Gloucestershire, GL12 8PF

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www.alexanderhoseaprimary.co.uk

Headteacher: Mrs D Williams

Date: 20 November 2017

Dear Parents/Carers

**SCHOOL VISIT**

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

|  |  |
| --- | --- |
| **TRIP VENUE:** | Genting Arena Birmingham-Young Voices Choir |
| **CLASSES:** | School Choir |
| **DATE OF TRIP:** | Monday 8 January 2018 |
| **TIMES:** | 10.45am-12.00pm |
| **COST:** | £14.00 |

A packed lunch and packed tea will be required with plenty of water to drink for the day. School jumper should be worn with a choir t-shirt or a plain white t-shirt and black trousers. Please also remember to bring a warm waterproof coat. We will text parents with a more accurate return time during the evening so that you can arrange pick up from school.

This year we are asking parents to make their own travel arrangements. The children are being transported by coach at the cost of £14.00 per child which is available to pay through our Sims Agora online payment system. Please let me know if you need a reminder of your log in reference. The children attending this event may arrive in school at 10.30am the following morning 9 January to allow for extra sleep.

Please make coach payment and return attached slip by **Friday 15 December.**

Yours sincerely

**Class Teacher**

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

***……………………………………………………………………………………………………………………………..***

**SCHOOL VISIT TO: Genting Arena Birmingham-Young Voices Concert 8 January 2018**

I give permission for ......................................................... to attend the concert

Child’s Class: ..................................

I have paid £…………………..online on (Date)……………………………

Medical information the school should be aware of: ..................................................................................................

My child will be picked up by…………………………………. (Name)

Emergency contact number for the day…………………………………………………………………………

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