



# Alexander Hosea Primary School

'Roots to grow, wings to fly'

Honeyborne Way, Wickwar, South Gloucestershire, GL12 8PF

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Headteacher: Mrs D Williams



Date: 26 February 2018

Dear Parents/Carers

## **SCHOOL VISIT**

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

|                            |   |
|----------------------------|---|
| <b>TRIP VENUE:</b>         | <u>St Fagans National Museum of History</u>         |
| <b>LEARNING INTENTION:</b> | <u>Understanding life of people in the Iron Age</u> |
| <b>CLASSES:</b>            | <u>Crystal</u>                                      |
| <b>DATE OF TRIP:</b>       | <b><u>Monday 19<sup>th</sup> March</u></b>          |
| <b>TIMES:</b>              | <u>9.00am-3.30pm</u>                                |
| <b>COST:</b>               | <u>£12.58</u>                                       |

A packed lunch will be required. Children receiving free school meals may order a packed lunch from school.

School uniform should be worn with sensible shoes and warm waterproof coat. The cost of the trip is £12.58 which covers transport and a workshop. **Payments can be made online via our Sims Agora system.** Please inform the office if you require reminder of your log in. Contributions are voluntary but if a significant number of parents do not pay the trip will have to be cancelled. Please could parents in receipt of income support contact the office. Details of school journey insurance cover are available from the office.

Helpers are needed on this visit, could you fill in the slip below if you are able to assist.

Please return slip by: **Friday 9 March**

Yours sincerely

### **Class Teacher**

✂.....

**SCHOOL VISIT TO: St Fagans National Museum of History    Date: 19 March Class: Crystal**

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

Child's Class: .....

**I have paid £.....online..... (Date)**

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

My child will require a school packed lunch (*Children receiving free school meals only*): (Yes/No)

Medical information the school should be aware of:

.....

Parent's medical needs if helping on trip.....

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

**DATE:** .....

