

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: 19 April 2018

Dear Parents/Carers

SCHOOL VISIT

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

| TRIP VENUE: | Westonbirt Arboretum | | |
|---------------------|-------------------------------|--|--|
| LEARNING INTENTION: | Science-food chains | | |
| CLASSES: | <u>Diamond</u> | | |
| DATE OF TRIP: | Wednesday 9 th May | | |
| TIMES: | 9.30-3.30pm | | |
| COST: | £11.25 | | |

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

School sweatshirt should be worn with practical clothing for outdoors, sensible footwear and waterproof coat. If the weather is warm, please remember to apply sun cream before school and bring a sun hat.

The cost of the trip is £11.25 which covers admission and transport. 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. **This trip can be paid using our online Sims Agora system**. Please inform the office if you require a reminder of your online reference number. Details of school journey insurance cover are available from the office.

Children may bring money to the limit of £3.00 to spend in the shop. Helpers are needed on this visit, could you fill in the slip below if you are able to assist.

| Please return slip by: Friday 28 th April | | | |
|--|-----------------------|----------------------------|----------------|
| Yours sincerely | | | |
| Class Teacher | | | |
| × <u>SCHOOL VISIT TO</u> : Westonbirt Arboretum | | | Class: Diamond |
| I give permission for | to go on | the school trip on | |
| Child's Class: | | | |
| I have paid £on Sims Agora on | (Date) | | |
| I am able to help with this visit: (Yes/No) | | | |
| My child will require a school packed lunch (Childa | ren receiving free so | rhool meals <u>only</u>): | (Yes/No) |
| Medical information the school should be aware o | f: | | |
| Parent's medical needs if helping on trip | | | |
| SIGNED: (Parent | (Carer) | DATF: | |