

Alexander Hosea Primary School `*Roots to grow, wings to fly'*

Honeyborne Way, Wickwar, South Gloucestershire, GL12 8PF Tel: 01454 294239 or 01454 294638 Email: AlexanderHoseaPrimary@sgmail.org.uk www.alexanderhoseaprimary.co.uk Headteacher: Mrs D Williams



Date: 1 October 2018

Dear Parents/Carers

SCHOOL VISIT

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

| TRIP VENUE: | Westonbirt Arboretum |
|------------------------|--|
| LEARNING INTENTION: | Exploring seasonal changes of trees – "Seasons of Mists" programme |
| CLASSES: | Diamond |
| DATE OF TRIP: | Tuesday 23 October |
| TIMES: | 9.00am-3.30pm |
| COST: | <u>£10.61</u> |

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

School sweatshirt should be worn with sensible footwear and suitable outdoor clothing including warm waterproof coat.

The cost of the trip is ± 10.61 which covers transport and admission. 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. Please make payments using our online Sims Agora service, if you need a reminder of your reference number, please contact us as soon as possible. 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. Children may bring spending money of ± 3.00 .

Please return slip by: Tuesday 16 October

| Yours sincerely |
|-----------------|
|-----------------|

Class Teacher

| × | |
|--|--|
| SCHOOL VISIT TO: Westonbirt Arboretum Date: Tuesday 23 October Class: Diamond | |
| I give permission for to go on the school trip on | |
| I have paid £ (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: | |