



Charnwood Primary School

Tuesday, 19 September 2017



Dear Parent/Carer,

We are arranging a trip for children in FS2.
The details of the trip are:

Destination:	Peepul Centre, Leicester
Reason for trip:	Robin Hood Pantomime
Date of trip:	Wednesday, 06 December 2017
Time of departure from school:	9.15am
Time of arrival at school:	11.45am approximately
Cost of trip:	£9.00

The children will be travelling by coach to the venue. There are only limited places available which will be allocated on first come first served basis. If you would like your child to go on the trip, the deadline to return the reply slip with the correct amount of money is **Monday, 25 September**. Please enclose the reply slip and exact amount in an envelope labelled with your child's name, class and reason for payment. The trip cost will cover the entrance fee and transport cost for your child. The school will fund the trip if we receive Pupil Premium funding for your child. Please **do not** send any spending money with your child on the day of the trip

Lunch arrangements for your child will remain the same. A bottle of water is recommended for the day. Pupils must wear their uniform, appropriate outerwear and sensible shoes. If your child has asthma they must bring their medication with them on the day of the trip.

If you wish to be considered for volunteering on this trip please indicate your choice on the reply slip. If you are selected to volunteer the class teacher will contact you and confirm the details.

We thank you for your support and hope your child will enjoy this experience.

Yours sincerely,

Ms N Jassat

**Ms N Jassat
Head teacher**

Reply slip: Pantomime FS

Date: 06.12.17

Name of Child _____ Class _____

- I give permission for my child to go to Peepul Centre and I have enclosed £9.00.
- I **do not** give permission for my child to go to the Peepul Centre.
- The school receives **Pupil Premium** for my child therefore I do not enclose a contribution.
- I will be interested in volunteering on this trip..

Parent/Carer name in capital letters: _____

Contact telephone number: _____

Signed _____ Date _____