



Charnwood Primary School

Tuesday, 16 May 2017



Dear Parents/Carers,

We are arranging a trip for Year 2. The details of the trip are as follows:

Destination	Sundown Adventureland, Nottinghamshire
Date of trip:	Tuesday, 04 July 2017
Reason for trip	To learn about Storybook Village
Departure from school:	9.00am
Arrival at school:	4.00 pm (approximately)
Cost of trip:	£13.00

The school requests a voluntary contribution of **£13.00** which 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. If we do not receive sufficient voluntary contributions to cover the cost we **may** have to cancel the trip.

The deadline for returning the permission slip is **Monday, 22 May**. You must return the permission slip if you would like your child to go on the trip.

Your child will be travelling by coach to the venue. The school can provide a packed lunch for your child as they qualify for a Universal Free School Meal. If you wish to provide a packed lunch for your child please indicate your choice below on the reply slip (no glass bottles or fizzy drinks please). Your child will need to wear their uniform. Please ensure your child wear appropriate outerwear and sensible shoes. If your child has asthma they must bring their medication with them on the day of the trip.

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

Yours sincerely,

Ms N Jassat
Head teacher

Reply slip: Year:2 Venue: Sundown Adventureland Date of the trip: 04 July 2017

Name of child _____ Class _____

- I give permission for my child to go on the trip.
- I do not give permission for my child to go on the trip.
- I enclose a voluntary contribution of **£13.00**
- The school receives Pupil Premium funding for my child so I do not enclose a contribution.
- I **will** provide a packed lunch for my child (no glass bottles or fizzy drinks please).
- I **would like the school** to provide a packed lunch.

Name of Parent/Carer in capital letters _____ Date _____

Signed _____ Contact no _____