ST PETER'S CE PRIMARY & NURSERY SCHOOL

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Headteacher: **Allyson Brown** SENDCO: **Jane Fitton**
Assistant Headteachers: **Emily Kynaston, Fay McKirgan and Becky Hughes**

'Where Everyone Matters'

Empower Trust
Inspire to Achieve

February 2020

Dear Parents

As part of our learning, and linking our work with Arts week, we are excited to be taking Year 6 children to Birmingham Art Gallery on Monday 9th March.

This offers children the chance to see a range of exhibitions which includes the Staffordshire Hoard, the Pre-Raphaelites, Ancient Egypt and Britain's Lost Masterpieces.

The children will be taking their sketch books, so that they can sketch items of interest.

We shall leave school at 9.00 a.m. and return by 3.20 p.m. Children do need to wear school uniform on this trip.

Your child may bring their own packed lunch or order one from the school kitchen. Please find the order form attached.

We are sure that the children will be inspired by their visit to the Art Gallery. The cost of the trip will be £8.00.

Please pay using the online payment system before the date of the trip to ensure that the bus can be paid for and the trip can go ahead.

Yours sincerely

Mrs Hughes Mr Edwards

✂.....

Reply Slip: Please return to your child's class teacher.

I give permission for my child ..... to attend the trip to Birmingham Art Gallery

I have paid £8.00 through the School Money system.

North Shropshire Teaching School Alliance
Outstanding SIAS 2012
Shropshire Children's University
Music Mark School Member
School Games Gold 2017/18
National Teaching School designated by National College for Teaching & Leadership
Ofsted Outstanding Provider

OUT-OF-SCHOOL VISITS/ACTIVITIES CONSENT FORM

PART 1 CONSENT, CONDITIONS AND PAYMENT

PUPIL'S NAME: _____ CLASS: _____ DATE(S): _____

PROPOSED VISIT/ACTIVITY: _____ **VENUE:** _____

I have read the relevant information regarding the visit/activity/outlined.

I have paid £_____ using my School Money account.

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be expected to follow all directions and instructions given and observe all rules and regulations.

(Please delete as applicable)
- I will collect my child from school

or
- My child will walk home from school alone.

PART 2 DINNERS

I would like to order a packed lunch for my child this will be deducted from your School Money account.

☐ **Cheese Roll** ☐ **Egg Roll** ☐ **Tuna Roll** ☐ **Ham Roll**

PART 3 MEDICAL (Please delete as applicable)

- **NO** My child does not suffer from any medical condition which requires regular treatment or which could limit his/her involvement.

or

- **YES** My child suffers from..... and details of regular treatment, diet, and/or physical limitations or restrictions are given below.

I consent to any necessary emergency medical treatment being given, including anaesthetic and/or the use of blood, blood products and/or their alternatives as considered necessary by the medical authorities. If my child is unfit, or his/her fitness is in doubt on the day of the visit I will notify the teacher in charge.

PART 4 CONTACT

TELEPHONE NUMBER(S) FOR EMERGENCY CONTACT ON THE DAY OF THE TRIP

1. _____ **2.** _____

PART 5 SIGNATURE

NAME:_____ SIGNATURE_____ DATE: _____
(Parent/Guardian)

Please return this reply slip to your child's class teacher by _____