



# Penns Primary School

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Headteacher: Ms M Jones

**Year Group:** Year 2  
**Date of visit:** Tuesday 17<sup>th</sup> September 2019  
**Place:** Cadbury World  
**Transport:** Coach  
**Leaving school at:** 9.20 a.m.  
**Returning to school at:** 4.30p.m.

19<sup>th</sup> July 2019

When a visit is due back **at or after** normal school finishing time parents may wish to wait in the School Hall. Please **do not** take children off the coach but go to the hall where teachers can check that every child has been collected.

The teacher in charge is: Mrs Sheffield  
Cost to school per child: £20.00

This is a voluntary contribution. Should the visit not be viable it will be cancelled and all money paid will be returned.

The nature of the visit: To develop the children's understanding about how chocolate is made.  
To learn about the Cadbury family.

A high standard of behaviour is expected from all children at all times.

Your child will require: School uniform  
A packed lunch in a disposable bag  
A small bag with a drink and a snack  
Spending money – no more than £5.00

If your child is entitled to a free school meal and you would like a packed lunch to be provided please tick the box on the reply slip.

Parents are requested to fill in the consent form attached and return it to the Class Teacher as soon as possible. Will you please make your payment of £20.00 through ParentPay by Monday 9<sup>th</sup> September 2019.

We do hope you will support this visit. If you have any queries do not hesitate to contact the teacher in charge of myself.

Yours sincerely

M Jones

Headteacher



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PARENTAL CONSENT FORM

I wish my child ..... Year 2 to take part in this educational visit to Cadbury World and, having read the attached letter, agree to his/her taking part in the activity/ies described.

I confirm my payment of £20.00 via Parent Pay.

I would like a packed lunch to be provided as my child is eligible for FSM.

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I wish to advise you of the following medical problems.

\* My child requires an inhaler and I will ensure that they have it on the visit.

\* Delete if not applicable.

I consent to any emergency medical treatment necessary during the course of the educational visit.

To the best of my knowledge my son/daughter is medically fit to take part in the activity/ies planned.

I am available and happy to be a parent volunteer if additional adults are required.

Signature of Parent/Guardian .....

Date .....

**EMERGENCY CONTACT NUMBERS FOR THE DAY OF THE VISIT ARE:**

**1<sup>st</sup> Number:**

**2<sup>nd</sup> Number:**



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