



Simmondley Primary School

Simmondley Primary School, Pennine Road, Simmondley, Glossop, SK13 6NN
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4TH February 2020

Dear Parents

We have planned to take the children from the following classes on an educational visit out of school in order to support their current classwork. The details of the proposed visit are as follows:-

Classes	Year 1 children from Mrs Bruce's class, Mrs Rocca-Jordan's & Mrs Daniels
Venue	Chatsworth House & Gardens
Date	Friday 27 th March
Departure from School	9.15am
Return to School	4.00pm (depending on traffic)
The full cost per child	£17.55 (Includes House tour and Garden)
Travel Arrangements	Andrews Coaches – seatbelts fitted

The children will need to bring a packed lunch* and drinks. **As your child receives a free school meal, we need you to indicate on the attached slip if you require our school kitchen to provide a packed lunch for your child on trip day as they are entitled to a dinner provided by school.** School uniform and sensible shoes for walking should be worn. A waterproof coat should also be brought in case of wet weather.

Please return the attached Dinner Request slip to Mrs Kimberley by Friday, 28th February so that our kitchen staff can complete their food order. If you do not return the Dinner Request Slip by this date, you will have to provide a packed lunch for your child.

Please complete the slip below and return it to **Mrs Kimberley by Friday 20th March** along with the **voluntary contribution of £17.55. Please pay for this trip via Parent Pay – Please speak to Mrs Kimberley if you require an activation letter for Parent Pay.**

Yours sincerely

Debbie Greaves
Headteacher

Please read carefully, complete, sign and return to Mrs Kimberley by Friday, 20th March

I should like my child to be included in the visit to Chatsworth House and Garden

I have paid the voluntary contribution of £17.55 to cover the cost via Parent Pay

In the event of my child being taken ill or suffering an accident during the period of the trip out of school to the extent that hospital treatment might be necessary, I authorise the teacher in charge to sign, on my behalf, any written form of consent required by the hospital authorities, provided the delay required to obtain my signature might be considered likely, in the opinion of the Doctor or Surgeon concerned, to endanger my child's health or safety.

Child's name

Parent/Guardian's Signature

Daytime Telephone No.....