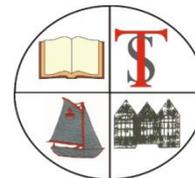


# Tollesbury School

East Street, Tollesbury, Maldon, Essex CM9 8QE



Belong Discover Achieve



Essex County Council

Head Teacher                      Mrs K Garnett  
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Fax & Answer 'Phone         Maldon (01621) 868637  
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Dear Parent/Carer

10<sup>th</sup> May 2017

## School Visit to Sutton Hoo – Thursday 6<sup>th</sup> July 2017

As part of our current Year 5 topic 'We are Warriors', we are organising an educational trip to Sutton Hoo in Suffolk. We will have the chance to experience the history and mystery of the Anglo-Saxon burial mounds and explore some of the artefacts with our very own guide.

The children need to be in school at 8:20am as we will be leaving by coach at 8:30am. We plan to be back by 3:30pm. Children will need to bring their own packed lunch in a named carrier bag (no glass bottles, fizzy drinks or sweets please).

The ground may well be muddy so all children will need to wear trainers (remember, footwear will need to be comfortable as we will be doing a lot of walking.) Long trousers should be worn with a school sweatshirt, red jumper or red cardigan. Your child will also need a waterproof jacket or a coat, just in case. In addition, please make sure your child has had sun cream applied before leaving home and a sun hat if the sun looks like it will shine! Asthma inhalers will be taken with us as needed.

To cover the cost of this trip we are asking for £18.35 per child. Contributions are voluntary and no child will be excluded from the trip if parents have not contributed, but obviously if we do not receive a substantial contribution the trip will be cancelled.

We hope that we will have an enjoyable day becoming history detectives!

Yours sincerely

Miss M Cook

-----All slips and contributions need to be returned by 16<sup>th</sup> June -----

## Educational School Visit to Sutton Hoo – Thursday 6<sup>th</sup> July 2017

I give permission for my child \_\_\_\_\_ to go on the Sutton Hoo visit.

I enclose a contribution of £18.35   

I agree to authorise members of staff during the course of the visit to approve such medical treatment for my child as is deemed necessary in an emergency on the advice of a qualified medical practitioner.

Signed: \_\_\_\_\_ (parent/carer)

Date: \_\_\_\_\_

Emergency contact Name & Phone Number: \_\_\_\_\_

