

# CHESTER PARK JUNIOR SCHOOL

7<sup>th</sup> January 2019

Dear Parents and Carers,

As part of our Topic on the Romans this term, we shall be visiting **The Roman Baths** in Bath on **January 23<sup>rd</sup>**. This visit will enhance the learning for the topic and provide pupils with an invaluable experience.

To make this trip possible we are asking for a voluntary contribution of **£18.00** to be received by **Friday 18<sup>th</sup> January** and in accordance with guidelines drawn up by the Governors of the school, if 90% of voluntary contributions are not received, the visit cannot go ahead. The cost will cover a workshop, entry fee and travel costs. Please make any cheques payable to Chester Park Junior School.

The annual medical emergency details and consent forms will be used to enable your child to participate in this trip, but if there has been any change of information, please advise the school office immediately.

Pupils are required to wear school uniform and sensible footwear. Coats or waterproofs are essential. If your child requires an inhaler please ensure that they have one with them.

Your child will require a packed lunch and drink. If you are in receipt of Free School Meals and require the kitchen to prepare a packed lunch, please indicate this on the slip below.

There is a gift shop at this venue and children may bring spending money to the value of £5, but your child is responsible for it's safe keeping.

Cameras are allowed, although it is the pupil's responsibility to ensure it is used appropriately and kept safe.

Mobile phones, MP3 players etc are not permitted.

Please indicate consent for your child to participate in this activity by completing the slip below and return it to school together with your voluntary contribution by 18<sup>th</sup> January.

Many thanks

*Rebecca Evans, Lorna Holding, Alex Pearce and Julie Strevens*

*Year 4 teachers*

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## **Year 4 Trip to the Roman Baths**

I give permission for my child \_\_\_\_\_ class \_\_\_\_\_

To participate in the above mentioned visit.

I enclose £18.00 to cover the cost of this visit.  Free School Meal Recipient – packed lunch required

Does your child require any specific medication which could be needed during this trip YES/ NO (please delete )

**If yes please ensure your child has this in school, otherwise he/ she will be unable to go.**

Signed \_\_\_\_\_ date \_\_\_\_\_