



Telephone: 01483 417302

Email: admin@busbridge-junior.surrey.sch.uk
Website: www.busbridge-junior.surrey.sch.uk

3rd October 2016

Dear Year 3 Parents and Carers

Re: Visit to Butser Archaeological Farm

As part of our project on the Invaders and Settlers we are planning to take the children to Butser Ancient Farm on **Tuesday 18th October 2016**. We will travel by coach leaving school at 9.00am and returning by 3.30pm.

We have arranged several activity sessions and the children are recommended to wear old clothes which are suitable for wet weather including Wellington boots in a plastic bag. The children will require to bring a named packed lunch with them on the trip and a drink (non fizzy) which should be in a named plastic bottle.

The **cost of the visit is £16.50** which will pay for the coach and activities. Whilst the £16.50 is considered a voluntary contribution, we regret that if we do not cover the cost we may have to cancel the trip.

The children may bring £2.00 spending money in a named container which should be given to the teacher in the morning.

We would be grateful if you would return the form below, completed and signed, with payment as soon as possible latest **by Friday 14th October**.

Yours sincerely,

Mrs Bishop

Miss Frey

Visit to Butser Ancient Farm – Tuesday 18th October 2016

Child's Name Class.....

I give permission for my child to take part in this visit and

Either a) I will pay via PMX Or
b) I enclose the sum of £ 16.50 (*cheques payable to 'Busbridge Junior School'*)

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

My child has: no illness, allergy or physical disability *

(* cross out which does not apply)

the following illness, allergy or physical disability – please give details below *

Details of illness/allergy/physical disability:.....

which necessitates the following medical treatment:.....

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

Parent contact telephone number on the above date: Work.....Home.....

Mobile.....

Alternative Contact on the trip day:

Name..... Tel No.....

Signed..... Parent/Guardian Date.....