



Busbridge CE (Aided) Junior School  
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Tuesday 16<sup>th</sup> May 2017

Dear Year 6 Parents and Carers

As part of our topic work on 'Rivers', we are taking the Year 6 children to the National Trust site at Dapdune Wharf in Guildford on Friday 9<sup>th</sup> June. We will be completing river investigations, finding out about the history of the Wharf and handling some of the artefacts that were used there.

We will be leaving school at 9.30am and travelling by coach to Dapdune Wharf, returning to school for the end of the school day. The children should wear school uniform and, depending on the weather, they should also have a suitable outdoor coat. The children should also bring their own named healthy snack, packed lunch and drink (no fizzy drinks please).

The cost of the visit is £14.50 per child which covers the coach transport and the activities at Dapdune Wharf. Whilst this is considered a voluntary contribution, we regret that if we do not cover the cost we may have to cancel the trip.

Please complete the permission slip below returning it to school, together with your payment, by Friday 26<sup>th</sup> May. If you are available to help us on the trip, please indicate your availability on the permission slip below.

We are sure that this will be a most exciting and interesting day for the children.

Yours sincerely

Mr D Evans

Mr T Pearne

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### Year 6 Visit to Dapdune Wharf, Guildford - Friday 9<sup>th</sup> June 2017

Child's Name ..... Class.....

I give permission for my child to take part in this visit Yes / No

I will pay £14.50 via a) ParentMailPMX **OR** b) I enclose £14.50 cash/cheque (*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 Yes / No

My child has no illness, allergy or physical disability\*  
( \* *please cross out which does not apply*)  
the following illness, allergy or physical disability \*

**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. Yes / No

Contact telephone number on the above date:

Work..... Home..... Mobile.....

Alternative Contact:

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

I am / am not\* able to help on this trip and I have a current valid DBS check through Busbridge Junior School Yes / No

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

**Please return the slip below, together with your payment by Friday 26<sup>th</sup> May 2017**

