



Busbridge CE (Aided) Junior School  
Brighton Road  
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Godalming  
Surrey  
GU7 1XA

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Headteacher  
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8<sup>th</sup> November 2016

Dear Parents and Carers

**Visit to the British Museum – Wednesday 30<sup>th</sup> November 2016**

As part of our Ancient Egypt topic Year 6 will be visiting the British Museum in London on Wednesday 30<sup>th</sup> November 2016. We will be travelling by coach and will depart from school at 9.00am, and should return to school by 4.00pm, traffic permitting.

The children will be required to wear school uniform and they should bring a named healthy mid-morning snack, a named packed lunch and a drink (non- fizzy) - any drink should be in a named plastic bottle.

We ask for a contribution of £11.50 for the coach transport - the museum entry is free. Payment can be made through Parentmail PMX, by cheque made payable to "Busbridge Junior School" or by cash. Whilst the £11.50 is considered a voluntary contribution, we regret that if we do not cover the cost we may have to cancel the trip

We would be grateful if you would return the form below, completed and signed, with payment as soon as possible and latest **by Monday 21st November**. If any parents are available to help on the trip please indicate on the consent form below.

Yours sincerely

Mr D Evans

Mr T Pearne

**Visit to the British Museum – Wednesday 30<sup>th</sup> November 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 £ 11.50 (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 \*  
the following illness, allergy or physical disability – please give details below \*  
(\* cross out which does not apply)

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.....

I am able / am not able to help on this trip and I have a current DBS clearance through Busbridge Junior School \*  
(\* cross out whichever does not apply)

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

**Please return this completed consent form and payment by Monday 21st November 2016**



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