



Busbridge CE (Aided) Junior School  
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Wednesday 3rd October 2018

Dear Year 3 Parents and Carers

**Re: Visit to Butser Ancient Farm – Tuesday 16<sup>th</sup> October 2018**

As part of our project on the Invaders and Settlers, we are planning to take the children to Butser Ancient Farm on **Tuesday 16<sup>th</sup> October 2018**. We will travel by coach leaving school at 9.00am and returning by 3.30pm.

We have arranged several activity sessions including wattling, weaving and jewellery making. The children are recommended to wear old clothes which are suitable for wet weather including Wellington boots in a plastic bag. The children are required 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 £17.25** which will pay for the coach and activities. Whilst the £17.25 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 purse/wallet which should be given to the teacher in the morning.

We would be grateful if you would complete, sign and return the consent form below with payment **by Friday 12<sup>th</sup> October**.

Yours faithfully

Mrs Auger

Miss Gruzman

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**Visit to Butser Ancient Farm – Tuesday 16<sup>th</sup> October 2018**

**Child's name**..... **Class**.....

I give permission for my child to take part in this visit YES / NO\* (*\*please delete as appropriate*)

I enclose the sum of £17.25 by cash\* / by cheque\* (*made payable to 'Busbridge Junior School'*) or

I have paid by Parentmail PMX \* (*\*please delete as appropriate*)

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\* (*\*please delete as appropriate*)

My child has: no illness, allergy, physical disability or medical condition\*  
the following illness, allergy, physical disability or medical condition\* (*\*please delete as appropriate*)

Details:.....

which necessitates the following medical treatment.....

I consent to any emergency medical treatment necessary during the course of the visit and sharing my child's details with relevant medical personnel if required YES / NO\* (*\*please delete as appropriate*)

I give consent for my child to have their photograph taken on this workshop for use on the school website and school newsletter. You can withdraw this consent at any time Yes / No\*

**Parent/Carer contact name & telephone number on the above date in case we need to contact you:**

Parent/Carer Name (please print):.....

Telephone Contact Number: Home/Work..... Mobile.....

Alternative contact on the above date: (please print name & relationship to child)

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

I am able to help on this trip YES / NO (*\*please delete as appropriate*)

I have a valid DBS check through Busbridge CofE Junior School YES / NO (*\*please delete as appropriate*)

Signed..... (Parent/Carer) Date.....

**Please return completed consent slip with payment by Friday 12<sup>th</sup> October 2018**