



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

Telephone: 01483 417302

Headteacher

Mr Richard Catchpole BSc (Hons) PGCE NPQH

Email: [admin@busbridge-junior.surrey.sch.uk](mailto:admin@busbridge-junior.surrey.sch.uk)

Website: [www.busbridge-junior.surrey.sch.uk](http://www.busbridge-junior.surrey.sch.uk)

Friday 6<sup>th</sup> March 2020

Dear Class 6E Parents and Carers

**Class 6E Visit to Godalming Museum – Wednesday 18<sup>th</sup> March 2020**

As part of our Godalming History topic, class 6E will be visiting the Godalming Museum on **Wednesday 18<sup>th</sup> March 2020**.

We will be walking to the museum and will depart from school at 9.15am, returning to school by 3.30pm.

The children will be required to wear school uniform with a waterproof coat.

They should also bring a named healthy mid-morning snack, a named packed lunch and a drink (non- fizzy) - any drink should be in a named drink bottle (not glass).

It is necessary to ask for a voluntary contribution of **£4.00** per pupil towards the costs of the workshop we have booked - the museum entry is free. Although no pupil will be omitted from the visit on the grounds of cost, if there are insufficient funds the trip could be cancelled.

As we will be walking to the museum (via quiet routes) and completing a short history trail around Godalming, we will need parental help to supervise on the day for the trip to proceed. **If any parents are available to help on the trip please indicate on the consent form attached – thank you.**

We would be grateful if you would return the attached form, completed and signed, with payment as soon as possible and latest **by Friday 13<sup>th</sup> March**.

Yours faithfully

Mr D Evans  
Class 6E Teacher



## Class 6E Visit to the Godalming Museum – Wednesday 18<sup>th</sup> March 2020

### Trip consents:

I give permission for **my child**:..... **Class**:.....  
to take part in this visit to **Godalming Museum** on **Wednesday 18<sup>th</sup> March 2020** YES / NO

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 instructions given by the staff in charge are obeyed. I understand that while staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child as a result of the activity. YES / NO

I give consent for my child to have their photograph taken at this event for use on the BJS school website, in BJS school publications/newsletter, social media and external press/media. You can withdraw this consent at any time. YES / NO

### Medical Details:

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

Medical condition 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

### Payment:

I have paid a voluntary contribution of £4.00 by Parentmail PMX YES / NO  
or

I enclose the sum of £4.00 by cheque (*made payable to 'Busbridge Junior School'*) YES / NO

### Parental Help:

I am able to accompany the children to and from Godalming Museum / help on the trip YES / NO

I have a valid DBS check through Busbridge CofE Junior School or  
I am on the DBS update service YES / NO

### Parent/Carer contact details:

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

Emergency Parent/Carer Telephone Contact Number on day:.....

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

**Please complete and return this form with payment by Friday 13<sup>th</sup> March**