



Headteacher

Mr Richard Catchpole BSc (Hons) PGCE NPQH

5th November 2019

Dear Year 6 Parents and Carers

Year 6 Visit to the Haslemere Museum – Wednesday 20th November 2019

As part of our Ancient Egypt topic Year 6 will be visiting **Haslemere** Museum on Wednesday 20th November. We will be travelling by coach and will depart from school at 9.15am, and should return to school by 3.15pm, traffic permitting. Children should arrive at school as normal for 9.00am to register and should return back in time to finish the school day at the usual time of 3.30pm.

The children are required to wear school uniform and bring a named mid-morning healthy snack, packed lunch and water bottle drink with them on the trip.

It is necessary to ask for a voluntary contribution of **£12.00** per pupil towards the trip including transport and workshop costs. Although no pupil will be omitted from the visit on the grounds of cost, if there are insufficient funds the trip could be cancelled.

We would be grateful if you would return the slip, completed and signed, with payment as soon as possible and latest **by Wednesday 13th November**. If any parents are available to help on the trip please indicate on the consent form below.

Yours faithfully

Mr D Evans

Miss S Mistry

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Trip consents:

I give permission for **my child**:..... **Class**:.....
to take part in this visit to Haslemere Museum and to travel by coach 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 on this workshop for use on the school website and school newsletter. 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 £12.00 by Parentmail PMX YES / NO

or

I enclose the sum of £12.00 by cheque (*made payable to 'Busbridge Junior School'*) YES / NO

Parental Help:

I am able to help on this 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.....