Dear Parents

**Re: Class 5 trip to Plymouth National Marine Aquarium**

To support Y5’s topic work for the summer term on Rivers, we have organised a trip to go to Plymouth National Marine Aquarium on Friday 4th May, 2018. The children will leave school at 9.15am and will be back by 3:15pm, with a view to us being in the aquarium from 10:00am-2:45pm. Children will need to wear school uniform as normal.

We will be led by an aquarium advisor on an interactive guided tour. We have also booked in a Design Technology workshop, looking at how we could make a hoist for a shark!

The children will be there over lunch and therefore need to bring a packed lunch including plenty of non-fizzy drinks (if your child is entitled to Free School Meals, a packed lunch will be provided). Be aware they will need to carry their lunch with them!

**The cost of this trip is £7.50 per pupil**. This covers entry, the tour and the workshop. As we will be walking, there are no transport costs. Please make payments via Parent Pay online (see Mrs Leach in Reception if you need reminding of your password and login details).



Please send your child to school in uniform as normal but make sure they have a waterproof coat and shoes suitable for walking. Can you also ensure that any medication your child needs is labelled, bagged and handed to the class teacher on the day.

Please complete the slip below giving permission for your child to attend and return it to school by Thursday 3rd May, 2018.

Many Thanks

Miss Riley Class Teacher

**Holy Cross Aquarium Trip – Please fill in and return**

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| I consent to (child’s name) …………………………………………………………………………… attending the above event. Please list any allergies/medical conditions your child has (asthma, diabetes etc, continue overleaf if necessary) ………………………………………………………… ……………………………………………………………………………..  ……………………………………………………………………………..  ……………………………………………………………………………..  …………………………………………………………………………….. | I consent to any emergency medical treatment require by my child during the course of the visit and I confirm that my child is in good health and I consider him/her fit to participate.  Family Doctor contact no……………………………….  Signed………………………………………………………………...  Print Name…………………………………………………………  Contact no…………………………………………………………. |

###### Directorate of Childrens’ Services

**Chief Education Officer**