

HOLY CROSS CATHOLIC PRIMARY SCHOOL

Headteacher

Mr P. Cotter B.Ed

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24.03.2018

**Sensational Safari, Newquay Zoo Visit – 17th April 2018**

Dear Parents and Carers

We are pleased to announce that we have organised a trip to Newquay Zoo as part of our Key Stage 1 topic, Sensational Safari. The trip is an excellent opportunity for the children to experience, observe and ask questions about the animals that will form the basis of our work for the term. The trip will take place on **Tuesday 17th April**. In order to make the most of our day, we will be departing school at 8:30am and travelling to Newquay Zoo by coach. We would therefore ask that you drop your child off to school at **8:15am** to avoid any delays. We will be returning to school at 3:30pm but please be patient if we are a little bit late. The children will need to be registered prior to being dismissed, so we would ask that you do not try to collect your child until they are released into the middle playground as normal.

As we will be out for the day, we would ask that the children are dressed appropriately for the weather conditions but have access to warm clothes and a waterproof coat with a hood regardless of the forecast, as well as sensible footwear. Please also ensure that your child has a packed lunch, snack and plenty of non-fizzy drink. Alternatively, if you would like your child to have a free school packed lunch please indicate this on the return slip.

**The cost for this trip is £12**. Please pay this on Parentpay. If you require any assistance in this, please see one of the office staff.

Please complete the attached consent form and the slip at the bottom of this letter and return to school by the last day of term, **Thursday 29th March**.

Should you have any questions regarding this event, please contact your class teacher.

Many thanks,

The Key Stage 1 Team

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| I consent to …………………………………………………..... 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 required 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…………………………………………………………* My child will require a school packed lunch
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