

Simmondley Primary School

Pennine Road, Simmondley Glossop, SK13 6NN Tel 01457 852721 Fax 01457 850974
email:enquiries@simmondley.derbyshire.sch.uk



Headteacher: Mrs D Greaves
Deputy Headteacher: Mrs G Ellison
Chair of Governors: Mrs C Wood
Website: www.simmondleyprimaryschool.com

25th April 2018

Dear Parents

Confirmation of School Trip to Eureka! Halifax

We are pleased to be able to inform you that the response to our recent letter was such that the proposed visit to Eureka! Halifax on Thursday, 7th June can now be confirmed.

Classes	All children in Mrs Daniels and Mr Smith's classes with the Year 1 children from Mrs Bruce's class
Venue	The Eureka Museum - Halifax
Date	Thursday, 7 th June
Departure from School	9.45am
Return to School	3.45pm approx. depending on traffic
The cost per child	£17.50
Travel Arrangements	Andrews Coaches – seatbelts fitted

The children will need to bring a packed lunch* and drinks. **As your child receives a free school meal, we need you to indicate on the attached slip if you require our school kitchen to provide a packed lunch for your child on trip day as they are entitled to a dinner provided by school.** School uniform and sensible shoes for walking should be worn. A waterproof coat should also be brought in case of wet weather.

Please return the attached Dinner Request slip to Mrs Kimberley by Friday 18th May so that our kitchen staff can complete their food order. If you do not return the Dinner Request Slip by this date, you will have to provide a packed lunch for your child.

Please complete the slip below and return it to **Mrs Kimberley by Friday 18th May** along with the **voluntary contribution of £17.50. If paying by cheque, this should be made payable to Simmondley School Fund. You can also pay for this trip via Parent Pay – Please speak to Mrs Kimberley if you require an activation letter for Parent Pay.**

Yours sincerely

Debbie Greaves
Headteacher

Please read carefully, complete, sign and return to Mrs Kimberley by Friday, 18th May

I should like my child to be included in the visit to the Eureka Museum and **enclose the voluntary contribution of £17.50 to cover the cost.**

In the event of my child being taken ill or suffering an accident during the period of the trip out of school to the extent that hospital treatment might be necessary, I authorise the teacher in charge to sign, on my behalf, any written form of consent required by the hospital authorities, provided the delay required to obtain my signature might be considered likely, in the opinion of the Doctor or Surgeon concerned, to endanger my child's health or safety.

Child's name

Parent/Guardian's SignatureDaytime Telephone