

# 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: Mr M Jolly  
Website: www.simmondleyprimaryschool.com

1<sup>st</sup> November 2016

Dear Parents

We have planned to take the children from the following classes on an educational visit out of school in order to support their current classwork. The details of the proposed visit are as follows:-

Classes	Mrs Gerrard's, Mrs Bruce's and Mrs Rocca-Jordan's classes
Venue	Canon Hall Farm
Date	Monday 25 <sup>th</sup> March 2019
Departure from School	9.00am
Return to School	3.30pm
The full cost per child	£13.15
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, 15<sup>th</sup> March 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 15<sup>th</sup> March** along with the **voluntary contribution of £13.15. 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

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**Please read carefully, complete, sign and return to Mrs Kimberley by Friday, 15<sup>th</sup> March**

I should like my child to be included in the visit to Canon Hall Farm and **enclose the voluntary contribution of £13.15 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 Signature .....

Daytime Telephone No.....