

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

14th September 2018

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 visit are as follows:-

Classes	Mrs Constantine and Mrs Collyer
Venue	Yorkshire Sculpture Park
Date	Tuesday, 25th September 2018
Time Leaving School	9.15am
Time arriving back at school	3.45pm approx.
Cost per child	£14.00– This includes an Outdoor Sculpture Workshop
Travel Arrangements	Andrews of Tideswell – Seatbelts fitted(Exec coaches)

The children will be required to bring a packed lunch and drink. School uniform should be worn along with good sensible outdoor shoes and a waterproof coat. As this visit is based outside we will be outside at all times during this visit regardless of the weather. **Children will need to be a school by 8.45am on the day of the trip.**

Please complete the slip below and return it to your child's class teacher by **Friday, 21st September**. **Payment should be made via Parent pay.** If you require an activation letter please contact Mrs Kimberley. If paying by cheque, cheques should be made payable to **Simmondley School Fund**.

Yours sincerely

Debbie Greaves
Headteacher

.....
Please read carefully, complete, sign and return to your child's class teacher by Friday, 21st September

I should like my child to be included in the visit to Yorkshire Sculpture Park.

*I have made payment of £14.00 via Parent Pay

*I enclose payment of £14.00

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.....