

## Simmondley Primary School

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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

23<sup>rd</sup> October 2018

Dear Parents

We propose 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 Daniels , Mr Smith's and Mrs Hewitts Classes
Venue	Manchester Museum of Science & Industry
Date:	Friday, 23 <sup>rd</sup> November
Departure from School	9.00am prompt – Children to be at school for 8.45am
Return to School	3.30pm
The full cost per child should be	£10.90 – this includes a workshop
Travel Arrangements	Andrew's of Tideswell – Seatbelts fitted

The children will need to bring a packed lunch and drinks. **If your child is in Year 2, or qualify for Free School Meals they are entitled to a school packed lunch so please complete the slip attached and return it to school by Tuesday 6<sup>th</sup> November so that the kitchen can complete their order.** School uniform should be worn.

Please complete the slip below and return it to your child's class teacher by **Friday, 16<sup>th</sup> November.** **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

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**Please read carefully, complete, sign and return to your child's class teacher by Friday, 16<sup>th</sup> November**

### **September**

I should like my child to be included in the visit to The Museum of Science and Industry.

\*I have made payment of £10.90 via Parent Pay

\*I enclose payment of £10.90

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.....