

Simmondley Primary School

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Headteacher: Mrs D Greaves
Deputy Headteacher: Mrs G Ellison
Chair of Governors: Mr M Jolly
Website: www.simmondleyprimaryschool.com

19th October 2018

Dear Parents

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

Class	Silver Birch – Mrs Ellison
Venue	Ordsall Hall, Salford
Date	Monday, 26th November 2018
Time Leaving School	8.00am – so to ensure arrival time at Ordsall Hall to make sure we don't miss our workshop slot
Time arriving back at school	3.30pm approx.
Cost per child	£16.95
Travel Arrangements	Golden Green Travel

The children will be helping prepare for a Wedding Feast at Ordsall Hall, and will have a chance to dress up and learn the “rat dance”. The children will be required to bring a packed lunch and drink. School uniform should be worn along with good sensible shoes for walking. A warm, waterproof coat should also be brought.

Due to the departure time from school, please can all children arrive at school by 7.50am as we must depart on time at 8.00am

Please complete the slip below and return it to your child's class teacher by **Monday, 19th 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 Monday, 19th November

I should like my child to be included in the visit to Ordsall hall, Salford and **enclose the voluntary contribution of £16.95 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.....