Dear Parent / carer

EDUCATIONAL VISIT

An educational visit has been arranged for your child. Details are listed below. No child will be excluded for being unable to pay the voluntary contribution; however, if insufficient funds come in to cover the cost the trip will have to be cancelled. The school has insurance for all visits made by children. If you have any queries then please contact your child’s class teacher. Please return the slip below.

Class or Year       Year 3
Destination        Castell Henllys, Crymych
Date               Tuesday 1st October 2018
Purpose of Visit   To coincide with classwork on the Celts
Time of Departure  9.05am PROMPT
Time of Return     3.25pm
Voluntary Contribution £10.00 per child, this includes £4.50 admission.
Food               Lunch box and drinks. If you require a packed lunch to be prepared from our school canteen please indicate on the slip below by Monday 23rd September
Spending Money     £3.00 maximum
Teacher/s in Charge Mrs Ellis
Other Information
The children will take part in a number of different activities relating to Celtic times. They will be shown around their homes and told about what life was like during this age. The children will be taking part in a variety of workshops e.g. weaving, basket making and wattle and daub. The children will also have their faces painted, if you do not wish for your child to have their face painted for allergy reasons, please inform the school using the slip below. Please ensure that your child has waterproof clothing and sensible footwear. Wellingtons to be taken in a carrier bag. School Sweatshirts or School cardigans to be worn. Sensible trousers/leggings of your own choice.

Yours sincerely
Mr. N. Groves
Headteacher

EDUCATIONAL VISIT

I give permission for my child/ren ___________________________ to visit Castell Henllys, Crymych on Tuesday 1st October.

*Please indicate as applicable: *I do/*I do not require a packed lunch from the school canteen. If you do not delete we will assume that your child will be taking a packed lunch from home.

I enclose a voluntary contribution of £10.00 per child towards the cost of the visit.

Allergies (if known) for face painting – * YES/NO ___________________________. If this is not completed we will assume that your child has no allergies. I have read the above and understood its contents.

Signed ___________________________________ Parent/carer