



# WHITMORE PARK PRIMARY SCHOOL

Halford Lane  
Coventry CV6 2HG

24 May 2018

Dear Parent/Carer

As part of your child's ongoing educational experience, **Year 4** are going out on a trip to **Living Rainforest** on **Monday 9<sup>th</sup> July 2018**. **The children will leave school at the earlier time of 7.30am and return at the later time of 5.00pm**. Please arrive promptly to collect your child, the school will endeavour to keep parents informed of any changes to the return time by text message.

**Your child will need to bring a packed lunch in a named disposal container or bag and a drink**, no fizzy drinks or glass bottles please. If your child is entitled to a free school meal a packed lunch will be provided by the school. If your child pays for a school meal and would like to purchase a packed lunch from school for this visit please tick the box on the form below.

As your child will be representing the school they must wear full school uniform, they will require a coat as it may be wet and cold. Please also ensure that your child is wearing sensible footwear.

Please ensure that you keep the school informed of any medical needs that your child may have. If your child is asthmatic and uses an inhaler, one must be provided so that it can go with them on the visit. **If they do not have an inhaler with them they will not be allowed to go on the visit. Also, if your child suffers from travel sickness please ensure that your child has had medication before they leave and then please hand some for the return journey to the class teacher with a completed medication form available from the school office.**

We are requesting a voluntary contribution of **£20.20** per child to cover the cost of the trip, **if voluntary contributions do not meet the cost of the trip then it may be cancelled. Payment can be made online via the Schoolgateway, if you need any assistance with this please contact the school office.** We will not exclude any pupils from taking part in the trip because their parents cannot afford to contribute at a particular time. If this is the case, please make an urgent appointment to meet with Mrs McGibney in confidence.

**In order for the trip to go ahead we must take a number of parent volunteers.** If you are able to help, please indicate on the slip below. We will contact you once we have received all the slips to confirm if you are needed. If you don't hear from us, we don't need you at this time, but thank you for your continued support.

Please complete the permission slip over the page and return to school by **Friday 15<sup>th</sup> June 2018**. If you do not return the completed slip your child will not be allowed to go on the trip.

Yours sincerely

Miss Payne, Mr Openshaw, Ms Carney and Miss Cartwright

**IMPORTANT - CONTINUED OVER THE PAGE**

Tel: 024 7633 5697

Email: [admin@whitmorepark.coventry.sch.uk](mailto:admin@whitmorepark.coventry.sch.uk)



## Year 4 Living Rainforest – 09/07/2018

Child's name:		Class:
YES	NO	I give my permission for my child to take part in the educational visit detailed above.
YES	NO	I have enclosed the voluntary contribution of £20.20. (please note that we are unable to give change)
YES	NO	I have paid the voluntary contribution online via School Gateway.
YES	NO	I am available to help on the day of the trip. Contact Name: _____ Contact Number: _____
YES	NO	My child has a medical condition (please include asthma) requiring regular medical treatment or medication. <b>If yes, give brief details:</b>
YES	NO	My child requires a school provided packed lunch. <i>(If your child is in Years 3 to 6 and is <b>not</b> entitled to free school meals the packed lunch will be charged at £2.00 - please ensure that there are sufficient funds on your child's dinner money account to cover this)</i> Please tick a choice of sandwich: <b>Cheese [ ] Ham [ ] Tuna [ ]</b>
YES	NO	In the event of an emergency, I agree to my son/daughter receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
<b>EMERGENCY CONTACT NAME</b> (please list in order you wish them to be contacted in the event of an emergency)		<b>Relationship to child:</b>
1.		
2.		
Signed (parent or legal guardian):		Date: