WHITMORE PARK PRIMARY SCHOOL



Halford Lane Coventry CV6 2HG

Telephone: 02476335697 Headteacher: Mrs McGibney

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Thursday 5th October 2023

Cinema - Paw Patrol (U)

Dear Parent/Carer

We have been lucky to secure a free cinema experience for the children in year 2 next half term to attend the Odeon Cinema on **Thursday 23rd November 2023**. We have the opportunity to go and watch 'Paw Patrol - The Might Movie' (rated U).

The trip will be in the afternoon, we will be leaving school at 12pm and returning at 3pm. On this day, the children will be having an early lunch.

We are requesting a voluntary contribution of £3.56 per child to cover the cost of the coach for the trip. If voluntary contributions do not meet the cost of the trip then it may be cancelled. Payment should be made online via the new school App My Child at School (MCAS).

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 a telephone appointment to speak with Mrs McGibney in confidence.

Please complete the permission slip and return this to school by Friday 17th November 2023

Yours sincerely

Mrs Briah, Miss Greves, Mrs Karmali and Mrs Nolan.











<u>Year 2 – Cinema Thursday 23rd November 2023</u>

| Child's name: | | | Class: | |
|------------------------------------|-------|---|----------------------------|---------------------------|
| YES | NO | I give my permission for my child to | take part in the education | nal visit detailed above. |
| YES | | My child has a medical condition (please include asthma) requiring regular medical treatment or medication. If yes, give brief details : | | |
| 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. | | |
| EME | RGEN | NCY CONTACT NAME (please list | | |
| in or | der ' | you wish them to be contacted in | Relationship to child: | Contact number: |
| the event of an emergency) | | | | |
| 1. | | | | |
| 2. | | | | |
| Signed (parent or legal guardian): | | | | Date: |