



WHITMORE PARK PRIMARY SCHOOL

Halford Lane

Coventry

CV6 2HG

Telephone: 02476335697

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Website: <http://www.whitmorepark.org/>

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Friday 11th April 2025

Year 6 Drayton Manor Celebration Trip

Dear Parent/Carer

As part of your child's educational experience and to celebrate how hard the children have worked this year, Year 6 are going on a trip to **Drayton Manor on Thursday 12th June 2025**.

Your child should be brought to school as usual for 8.45am and will return at the later time of 5.30pm. Please arrive promptly to collect your child. The school will endeavour to keep parents informed of any changes to the return time, if necessary, by text message.

Your child will need to bring a packed lunch in a named 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 a school jumper with comfortable bottoms and footwear. They will need to bring a coat as it may be wet and cold.

The total cost of the trip is £27.80 and it is being subsidised by 50% with school funds so we are requesting a voluntary contribution of **£13.90** per child to cover the remaining cost of transport and entry to the park. This can be paid in instalments online up until the day 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 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.

There will also be an opportunity for the children to visit the gift shops. If you would like your child to spend some money, then please send no more than **£5.00** in a named envelope or wallet on the day.

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 30th May**. If you do not return the completed slip, your child will not be allowed to go on the trip.

This trip is to celebrate all of the hard work and effort that the children have put into their learning this year, their amazing attitude to learning and the positive behaviour that they have shown. We will want to see the children being excellent role models and ambassadors of the school when we are at Drayton Manor too.

Yours sincerely

Mrs Sandhu, Miss Knowles and Miss Kukathasan



The
Affinity
Federation



Drayton Manor Theme Park

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 paid the voluntary contribution of £13.90 online via the My Child at School app.
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. If yes, give brief details:
YES	NO	My child requires a school provided packed lunch. <i>(If your child is in Years 3 to 6 and is not entitled to free school meals the packed lunch will be charged at £2.50 - please ensure that there are sufficient funds on your child's dinner money account to cover this)</i> Please tick a choice of sandwich: Cheese [] Ham [] Tuna []
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.
EMERGENCY CONTACT NAME (please list in order you wish them to be contacted in the event of an emergency)		Relationship to child:
1.		
2.		
Signed (parent or legal guardian):		Date: