



BROOKFIELD JUNIOR SCHOOL YEAR 3 TRIP TO THE BRITISH MUSEUM



26th June 2015

Dear Parents and Carers,

Year 3 pupils will be going on an educational visit to The British Museum, on Friday 17th July. Here they will have the opportunity to explore many of the galleries, including the Ancient Egyptian display, to link with our History topic this term.

We intend to leave before the school day begins, so please make sure your child is in school for 8:00am ready for an early registration.

We will leave London for the return journey to school at 2pm sharp, hoping to return to school by 3:30pm, traffic permitting. *(We will notify the school office if the coach gets held up so a text can be sent out notifying parents and carers of any delay, so please make sure your current details are all up to date with the school office.)*

The PTFA have kindly contributed a substantial amount towards this visit, therefore we are asking parents for a voluntary contribution of £11.90 to cover the rest of the cost.

As you have already completed a BJS-V4 form, there is no need to fill out a new one as we will use these details and information to cover your child on this visit. However, if there are any changes to their personal information and/or your child's medical condition, please kindly fill out a new form which is obtainable from the school office before the visit takes place.

Please sign and return the permission slip below together with the voluntary contribution in a named envelope to your child's class teacher by Friday 10st July.

Yours Sincerely,
Mrs Mercanton and Miss Bailey

British Museum Trip

I give permission for my child to take part in the British Museum

I enclose £11.90 voluntary contribution

My child receives free school meals and would like a packed lunch on this day

I am willing to help out on this visit
(We will contact you to confirm)

Should the necessity arise, I agree for the person in charge of the party to give consent on my behalf for an anaesthetic to be administered and any other urgent medical treatment to be given.

Child's Name _____ Class _____

Signed _____ Print Name _____

