



BROOKFIELD JUNIOR SCHOOL

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Head of School: Mrs K Down
Executive Headteacher: Mrs P Woods Cert. Ed. NPQH

Year 3 – Chiddingstone Castle - Wednesday 28th March 2018

Dear Parent/Carer

We are writing to tell you that due to a very positive response from parents and carers, the Year 3 trip to Chiddingstone Castle will be going ahead on Wednesday 28th March 2018.

We are pleased to be offering an online payment system – please wait to receive your text and email with your log in details. Please ensure payment is made on the online system or send in cash/cheque in a named envelope to school by Friday 23rd March 2018.

It is important that you complete the slip below to give your permission for your child to take part in this visit.

Date: Wednesday 28th March 2018
Time of Departure: 9:30am
Time of Return: 3:10pm
Method of Transport: Coach

Children will also need to bring a warm coat, as lunch may be held in a covered area outside. Please provide your child with a packed lunch (**No** fizzy drinks or chocolate). If your child receives free school dinners, then they are entitled to a school packed lunch which will be ready for collection on the day of the visit (please tick on the permission slip).

As you have completed a BJS-V4 (yellow form) we intend using this information to cover this visit. However, if there are any changes regarding your child’s medical condition, a new BJS-V4 (yellow form) needs to be completed and returned to school before the visit takes place. Please note that it is your responsibility to keep the school up-dated with any medical changes concerning your son/daughter.

Yours sincerely

Miss Cunningham & Miss Philo
On behalf of the Year 3 Team

Chiddingstone Castle – Wednesday 28th March 2018

I am willing for my child to take part in the visit to Chiddingstone Castle

Please provide my child with packed lunch (free school meals ONLY)

I enclose £15.00 in full payment

I have paid the full £15.00 online

I confirm all details are current on the BJS V4(yellow form)

I am willing to be a Parent/Carer Helper

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

Child’s name Class

Parent/carer signature Print Name.....

The Flourish Federation
Brookfield Infant School and
Brookfield Junior School

