

BROOKFIELD JUNIOR SCHOOL YEAR 3 TRIP TO CHIDDINGSTONE CASTLE



28th March 2017

Dear Parents and Carers,

Yours Sincerely,

Year 3 pupils will be going on an educational visit to Chiddingstone Castle, <u>on Wednesday 26th April</u>. Here they will have the opportunity to explore the castle including the Ancient Egyptian display, to link with our History topic this term.

We intend to leave the school at 9.00am prompt, so please make sure your child is in school for 8:30am ready for registration.

We will leave Chiddingstone for the return journey to school at 2.10pm sharp, and hope to return to school by 3:10pm, 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 £12.75 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 7th April or alternatively we now have an online payment system – School Money (you will receive an email and text with your log in details).

Miss Cunningham and Miss O'Sullivan	
Chiddingstone Castle Trip	
Please 1	Γick
I give permission for my child to take part in the Chiddingstone Castle Trip	
I enclose £12.75 voluntary contribution	
I have paid £12.75 via the on-line School Money system	
My child receives free school meals and would like a packed lunch on this day	
I am willing to help out on this visit - Current DBS actioned by BJS required (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	











