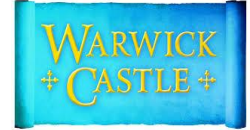




Catshill First School and Nursery
Date of Issue: Tuesday, 11 October 2016



Year 2 Visit to Warwick Castle

Friday 11th November 2016

Dear Parents/Carers of Year 2 Children

We are pleased to confirm that we are running an educational visit to Warwick Castle for the children in Year 2. The visit will take place on Friday 11th November 2016. We will be leaving school at 9.00am and arriving back at school by 3.15pm.

All children will be provided with a packed lunch under the Universal Free School Meals scheme. This will contain a sandwich, a cookie and a drink. You may wish to send in some additional food and drinks as the packed lunch is fairly basic. If you prefer to provide your own packed lunch (no nut containing ingredients or glass bottles please) we ask that you indicate this on the reply slip below.

Please ensure that all children have a suitable coat and sensible footwear to allow for potential cold and rain. The weather can often be changeable at this time of year so please bear this in mind. School uniform is to be worn in any event.

The cost of the trip is £12.00 per child. We are asking for voluntary contributions for this amount and in order for the trip to go ahead we will need to have enough voluntary contributions to cover the cost. If we cannot cover the cost then the trip will be cancelled.

Please sign the consent form below and return, together with a note of your payment reference from Payments4Schools by **Friday 4th November 2016**. We are no longer able to accept cash payments; if you require any help with the online payment system, please see a member of the office staff who will be able to assist you.

Mrs H Crawford-Brown
Mrs H O'Brien

Miss T Fletcher
Mrs J Skidmore

Catshill First School and Nursery - Visit Warwick Castle

* I agree / do not agree that my child _____ in class _____ may take part in the visit to Warwick Castle on Friday 11th November 2016.

Parents/Carers signature Date

1st Emergency Contact Name: Tel No:

2nd Emergency Contact Name: Tel No:

I confirm that I have made payment via Payment4Schools. My reference number is

I **do not** want a packed lunch provided by school and will provide my own.

I understand that the County Council accepts no liability other than in respect of enforceable third party claims against members of its staff. I agree to medical and dental treatment being given to my son/daughter if required, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendations of a qualified medical practitioner.

PARENT/CARER'S SIGNATURE

DATE