



Catshill First School and Nursery

24th September 2015



Year 2 Visit to Warwick Castle

Thursday 12th November 2015

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 Thursday 12th November 2015. We will be leaving school at 9.15am 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 payment by Monday 19th October 2015. We are able to take the payment in two instalments if you wish, with two payments of £6.00 each payable on or before Monday 5th October and Monday 19th October. Please indicate your preferred payment method on the consent form below.

Mr A Rivett and Mrs R Dayus
Mrs E Fay

Miss T Fletcher
Mrs T Warman

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 Thursday 12th November 2015.

Parents/Carers signature Date

1st Emergency Contact Name: Tel No:

2nd Emergency Contact Name: Tel No:

I enclose the full amount of **£12.00**. Any cheques should be made payable to Worcestershire County Council.

I enclose the first payment of **£6.00** and will pay the remaining payment of **£6.00** on or before Monday 19th October.

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