

Darnhall Primary School
Sandyhill Road
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Cheshire
CW7 1JL



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Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.
Deputy Headteacher: Sarah Williams B.Mus, P.G.C.E, N.P.Q.M.L.
Assistant Headteacher: Natasha Mulholland B.A Hons

31st January 2019

Dear Parents and Carers,

CATALYST SCIENCE DISCOVERY CENTRE

On Friday 29th March Beech Class will be visiting the Catalyst Discovery Centre in Widnes to take part in a Sound and Data Logging workshop. We will be travelling by coach and we will be departing school at 9.15am and returning for 3pm.

The children will learn about how sound travels through air, how we hear, how echoes are made as well as how distance affects the sounds we hear.

The parental contribution for this trip is £12.50, payable via ParentPay, which includes the coach, admission to the Catalyst Discovery Centre, access to the sound workshop, as well as a goodie bag to take home.

This is a fantastic opportunity for your children to progress in their Science learning, as well as having lots of fun doing so!

Your child will require a packed lunch from home or the school catering team can provide a Cat Bag for £2.50, payable via ParentPay, or free of charge if your child is entitled to Free School Meals.

Please put your child's lunch and drinks (not fizzy) in a disposable bag. Children do not need to take any spending money.

Please complete and return the reply slip and form C no later than Monday 18th March.

Kind regards

Mrs E Lightfoot
Year 4 Class Teacher



CATALYST SCIENCE DISCOVERY CENTRE – FRIDAY 29TH MARCH 2019

I give permission for to take part in the trip.

- Please provide my child with a packed lunch from school.

Please circle your choice of filling for your child's sandwich

HAM OR CHEESE

OR

- I will provide my child with a packed lunch from home



FORM 'C'
PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child Class:BEECH.....

Details of visit to: CATALYST SCIENCE DISCOVERY CENTRE

Date of visit: 29th March 2019

Leaving School at: 9.15am

Arriving back at school by: 3pm

I agree to my child taking part in this visit
I have read the information sheet I agree to 's
participating in the activities described.

I acknowledge the need for to behave
responsibly throughout the visit.

Medical information about your child

a] Any conditions requiring medical treatment, including medication?
YES/NO If YES, please give brief details:

.....

b] Please outline any food or other allergies and special dietary requirements of
your child:

.....

c] Any recent illness or accident staff should be aware of?

.....

d] When did your son/daughter last have a tetanus injection:

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Declaration

I agree to my son/daughter receiving medication as instructed and any emergency
dental, medical or surgical treatment, including anaesthetic or blood transfusion, as
considered necessary by the medical authorities present. I understand the extent
and limitations of the insurance cover provided.

Emergency contact telephone number for the day of the visit:

Name of Contact:

Work: Home

Signed..... Date.....

Full Name [capitals]

