

Darnhall Primary School
Sandyhill Road
WINSFORD
Cheshire
CW7 1JL



Telephone: (01606) 593315

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,

JODRELL BANK

On Thursday 7th March, Rowan class will be visiting Jodrell Bank. We will be travelling by coach and we will be departing school at 9.15am and returning for 3pm.

The day will consist of a visit to the exhibition and two workshops about Space & Forces which link with their science topic this term.



The parental contribution for this trip is £16.00 per child, payable via ParentPay, which includes all activities and transport costs.

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.

We hope all the children will be able to attend this wonderful trip as it promises to be very exciting.

Please complete and return the reply slip and form C no later than Monday 25th February.

Kind regards

Miss C Lupton
Year 5 Class Teacher



JODRELL BANK – THURSDAY 7TH MARCH 2019

I give permission for to take part in the trip and have paid the parental contribution of £16.00 via the ParentPay system.

Please provide my child with a packed lunch from school. (£2.50 payable on ParentPay)

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 ChildClass: ROWAN

Details of visit to: JODRELL BANK

Date of visit: 7th 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:

.....

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]

