



Green Meadow Primary School

An Academy,
achieving more,
learning together.



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Miss H Setchell, Head Teacher

7th September 2017,

YEAR ONE – TRIP TO THE SNOWDOME

Dear Parents,

A visit to the Snowdome to take part in 'Santa's Winter Wonderland' experience has been arranged for 1J and 1S classes on Tuesday 5th December 2017, we will be leaving at approximately 9.00 am. This visit is during normal school hours and a packed lunch is required.

A packed lunch will be provided by school under the provision of Universal Free School Meals for Infant pupils. Please complete the attached form indicating your child's choice of sandwich filling or if you will be providing your own pack lunch.

Due to the time constraints of this trip ALL children will be required to be in school by 8.45 a.m. so that we can have a prompt departure at 9.00 a.m.

The cost of the visit will be **£15.63** per child, (£4.58 transport, £10.95 admission and 10p insurance). This trip is to support the children's geography topic.

All children will need to wear winter warm clothing (NOT jeans) e.g. hat, scarf, gloves, waterproof coat and sturdy footwear as they will be taking part in fun activities in the 'snow'.

Under the 1988 Education Reform Act we are no longer able to ask directly for a sum to cover the cost, but we do ask that your voluntary contribution covers the above amount or the trip may not be able to go ahead. However, should you have any difficulty meeting this cost please contact Mrs Hammond.

Please sign the attached consent form and return to school as soon as possible together with your voluntary contribution. **The latest date for money is Friday 17th November 2017.**

Yours sincerely

S. Hammond
S. Hammond
School Business Manager

EDUCATIONAL VISIT CONSENT FORM

School: **GREEN MEADOW PRIMARY**

I give permission for my child _____ in class _____
to go to the Snowdome.

I enclose my voluntary contribution of £ _____ (£15.63)

My child suffers from _____ *

I consent for any emergency medical treatment necessary during the course of the educational visit. To the best of my knowledge my son/daughter is medically fit to take part in the activities planned.

Signature of parent/guardian _____

Date _____

*Please delete or complete as necessary.

