

# Green Meadow Primary School

An Academy,  
achieving more,  
learning together.



Green Meadow Road, Selly Oak, Birmingham, B29 4EE  
Tel. 0121 475 4505 Fax. 0121 476 8254  
www.greenmeadowprimaryschool.com

Miss H Setchell, Head Teacher

7<sup>th</sup> September 2017,

## YEAR 3 THE LUNT

Dear Parents,

A visit to The Lunt, Coventry has been arranged for class 3M on Friday 10<sup>th</sup> November 2017. This visit is during normal school hours and a packed lunch will be required.

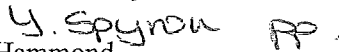
**Please ensure that all children wear their school jumper / tracksuit bottoms and a warm waterproof coat as they will be outside.**

**Due to the time constraints of this trip ALL children will be required to be in school by 8.20 a.m. so that we can have a prompt departure at 8.30 a.m.** We aim to be back at school by 3.30 p.m. if this time is different we will notify you by text.

The cost of the visit will be **£13.60** per child, (£9.50 transport, £4.00 admission and 10p insurance). During the visit the children will be taking part in activities.

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. **Please return the slip below with payment by Friday 29<sup>th</sup> September 2017.**

Yours sincerely

  
S. Hammond  
Education Visits Co-ordinator

### EDUCATIONAL VISIT CONSENT FORM

School: **GREEN MEADOW PRIMARY**

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_  
to go to the Lunt, Coventry on Friday 10<sup>th</sup> November.

I enclose my voluntary contribution of £ \_\_\_\_\_ (£13.60)

Medical No: \_\_\_\_\_

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.

