



WEST SUSSEX COUNTY COUNCIL
LANCASTRIAN INFANT SCHOOL
 ORCHARD GARDENS, CHICHESTER, WEST SUSSEX PO19 1DG
 Telephone: 01243 782818 e-mail: office@lancastrian.w-sussex.sch.uk
 Headteacher: **Zoe Gordon BA(Hons), MA(ED)**

17th January 2018

Dear Parents / Carers,

**Year 1/2 trip to Littlehampton Life Boat Station and the Look and Sea Centre
 Monday 26th February**

To support our 'Let's Set Sail' topic, we have organised a visit to Littlehampton Life Boat Station and the Look and Sea Centre. This visit will give the children the opportunity to find out about the valuable work done by the RNLI, and develop their understanding of the coastal environment.

The coach will leave school at approximately 9.15am and then leave Littlehampton at 2.00pm for the return journey. School uniform should be worn - **ESPECIALLY SCHOOL SWEATSHIRTS AND WELLIES**. As it will be a long morning, please provide your child with a mid-morning fruit snack.

The cost of the trip will be £7.20 per child. This includes return coach travel, entrance to the Look and Sea Centre and insurance. You may contact me in confidence if you have difficulty meeting this cost for financial reasons.

Chartwells will provide a cold packed lunch for your child on this day.

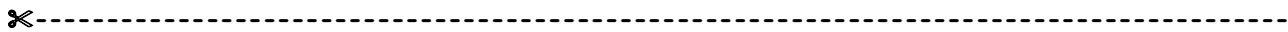
We need adult helpers for this trip. Any adults who are able to help supervise on any of the trips will be very much appreciated, but please be aware it may not always be possible for you to accompany your own child. Please inform the office and fill in the emergency contact details below.

Please sign the attached permission slip and return with your payment in a named envelope by Friday 9th February.

Yours sincerely,

Zoe Gordon

Mrs Gordon
 Head teacher



**LITTLEHAMPTON LIFE BOAT STATION AND THE LOOK AND SEA CENTRE
 MONDAY 26TH FEBRUARY 2018**

I give permission for my child _____ in _____ class to visit Littlehampton Life Boat Station and Look and Sea Centre

Signed (parent/carer): _____
 (must have parental responsibility)

I enclose payment of £7.20

I can help on the visit (only fill in details below if you are able to help)

Helper's Name _____ Name of Helper's emergency contact _____

Tel No of Helper's emergency contact _____ Relationship _____

Please return to the office in a NAMED ENVELOPE - by Friday 9th February - THANK YOU

