



SOMERS PARK SCHOOL

Executive Head Teacher: Mr Chris Hansen
Head of School: Mr Byron Williams



Part of the
Mercian Education
Trust
13th March 2018

Reception Trip to Wythall Transport Museum Wednesday 2nd May 2018

Dear parents/guardians,

On **Wednesday 2nd May 2018** we have planned a trip to Wythall Transport Museum. We will leave school at 9.15am prompt and aim to be back by 3.10pm.

Please do not hesitate to contact either of us if your child will need medication on the day. All children who suffer from travel sickness **must** take their medication before the trip. Your child will need to be in school uniform and have a **packed lunch and a drink in a backpack** so that they are hands-free.

We ask for a voluntary* contribution of **£7.00** to cover the cost of the trip. Please return the form below by **Wednesday 28th March** if you would like your child to take part in this educational trip. Please make any cheques payable to Somers Park School.

More information and final arrangements will be sent to you closer to the departure date.

Yours sincerely,

Mrs Simpson and Mrs Price
Reception teachers



***VOLUNTARY CONTRIBUTION:**

Under the 1996 Education Act, the school requests a voluntary contribution if you wish your child to take part in this visit. The contribution is voluntary, but the visit will only take place if there are enough voluntary contributions to make the trip possible. Otherwise, the trip will be cancelled and a full refund will be made. Please indicate your agreement to pay the voluntary contribution on the reply slip.

Reception Trip to Wythall Transport Museum Wednesday 2nd May 2018

Child's name: _____ Class: _____

My child will take part in the trip to Wythall Transport Museum on Wednesday 2nd May. I will ensure that the teacher has any medication required by my child for the trip (e.g. inhalers, travel sickness tablets etc.) and a packed lunch/drink in a backpack.

I enclose the **£7.00** voluntary contribution (cheques payable to Somers Park School)

I am entitled to the pupil premium bursary.

Signed: _____ (Parent/Guardian) Date _____

SOMERS PARK SCHOOL
SOMERS PARK AVENUE
MALVERN
WORCS.
WR14 1SE

Tel: 01684 572949
Fax: 01684 580280

Email: secretary@somerspark.worcs.sch.uk
Website: www.somerspark.com

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with
 **University
of Worcester**
Institute of Education