

WEST LYNN PRIMARY SCHOOL

St Peters Road, West Lynn,
King's Lynn, Norfolk, PE34 3JL



Executive Headteacher: Ms J. Borley

Telephone 01553 772330
Fax: 01553 772330
office@westlynn.norfolk.sch.uk
www.westlynn.norfolk.sch.uk

West Stow Anglo Saxon Village – 4th October 2018

Class: Class 4

Date: Thursday 4th October

Place of visit: Anglo Saxon Village

Method of travel: Coach

As part of our topic work, Class 4 will be visiting the West Stow Anglo Saxon Village. We will be exploring Anglo Saxons and their way of life and examining artifacts from the time.

Children will need to wear school top, but comfortable trousers and should bring a waterproof coat, suntan lotion and hats as necessary. Please ensure the children are wearing very comfortable and sensible shoes (possibly Wellingtons).

Please could children be in school by 8.30am as we will be leaving promptly at 8.45am. We should be back to should be back by approximately 3.05pm. If we expect to be later than this we will of course keep you updated by text. The children will be accompanied by appropriate adults and the trip will be led by Miss Jordan.

The cost of this trip is £13.50. Please could you make payments via Parentpay. Please sign the attached form to give your permission for your child to attend. Please could you ensure that you provide your child with a packed lunch and extra drinks for the day. Slips and payments must be made by 28th September 2018.

Whilst no child would miss out on a trip due to non payment of the voluntary donation, unfortunately if we do not receive enough contributions we may have to cancel this event.

If you have any questions, please do not hesitate to contact me.

Yours sincerely,

Miss. Jordan

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I give permission for _____ to go to West Stow Angle Saxon Village on 4th October 2018

I will make payments via Parentpay

I fully understand and accept that, while the supervisory adults in charge of the group will take all responsible care of my child, neither they, nor West Norfolk Academies Trust, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of West Norfolk Academies Trust, its employees or official volunteers

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Please provide any details of any medication that your child will need to have on the day on the reverse of this form.

Contact telephone number for the day: _____

Signed _____ Print Name _____ Date _____

I confirm that my child _____ requires the following prescribed medication (including inhalers) on the day of the trip:

Please be aware that all medication must be in school in the morning of the trip and should be named and in date.

Signed _____ Dated