



CATSHILL FIRST SCHOOL AND NURSERY



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Mrs Georgia Plant – Head of School

Mr Paul Essenhigh – Executive Headteacher

Dear Parents/Carers

As part of our learning for our topic for next half term, Traders and Raiders, we are pleased to confirm that we are running an educational visit to Bishops Wood Field Centre. This visit will involve learning about life for Anglo Saxons and how it changed when the Vikings invaded. The visit will take place on **Monday 25th March 2019**. We will be leaving school at 9.15am and arriving back to school by 3.00pm.

All children will need to take a disposable packed lunch with them as Bishops Wood is an environmental centre (no glass bottles please). If your child receives free school meals and you would like them to be provided with a packed lunch, please indicate this on the reply slip below.

Could you please ensure that your child wears suitable warm clothing, suitable footwear and a coat with a hat and gloves if the weather is cold. Suitable clothing could include leggings, tracksuit bottoms or jogging bottoms, long sleeved layers such as a long sleeved top and a fleece. Footwear could include wellies, trainers or walking boots/shoes.

The cost of the trip is £12.50 which includes coach travel and insurance. We are asking for voluntary contributions for this amount and in order for the trip to go ahead we will need to have enough voluntary contributions to cover the cost. If we cannot cover the cost then the trip will be cancelled.

Please sign the consent form below and return, together with payment by **Monday 18th March**

Year 4 Team

Mrs S Jones & Miss M Moody

Catshill First School and Nursery Year 4 visit to Bishops Wood Field Centre

* I agree / do not agree that my child _____ in class _____ may take part in the visit to Bishops Wood Field Centre on Monday 25th March 2019.

I confirm that I have made payment via Payment4Schools.

My child is entitled to free school meals and will require a packed lunch.

I understand that the County Council accepts no liability other than in respect of enforceable third party claims against members of its staff.

I agree to medical and dental treatment being given to my son/daughter if required, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendations of a qualified medical practitioner.

PARENT/CARER'S NAME (Print)

SIGNATURE

DATE

Please ensure we have up to date contact details in case of an emergency

