



Monday 28th January 2019

The Archbishop Lanfranc Academy – Wednesday 6th February 2019 – Academy Day

Dear Parents / Carers,

Year 5 have been offered an exciting opportunity to visit The Archbishop Lanfranc Academy secondary school to participate in an academy day. We will be able to enjoy a range of activities throughout the day.

There is no cost for this trip, although it is essential the below permission slip is returned to the office by Friday 1st February. A lunch of pizza will be provided to all children and we will ensure that dietary requirements are met. Please add these to the form below.

We will be travelling to the school by bus and we will be leaving school promptly at 9:00am. If your child is late to school, there is a risk that they could miss the trip. Due to travelling time, **we will be arriving back at school at the later time of 4:00pm.**

All children must wear a warm coat, uniform & school shoes.

We would appreciate one or two parents per class to accompany us on the trip. If you would like to join us, please indicate this on the consent form attached.

In order for your child to be allowed to participate, please hand in the attached consent form to the school office by Friday 1st February. This must be signed by the parents/carers. Your child will not be able to go on the trip if we do not have written permission.

Thank you for your support,

The Year 5 Team

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I wish my son/daughter: _____

Class name: _____

to be allowed to take part in the school trip mentioned above and having read the information letter, agree to him/her taking part in the activities described.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

Please delete and complete the following as is appropriate:

My child has: no illness, allergy or physical disability*
the following illness, allergy or physical disability*
**Cross out which does not apply*

which necessitates the following medical treatment: _____

I consent to any emergency medical treatment necessary during the course of the visit.

My child has: no illness, allergy or physical disability*
the following dietary requirements*
**Cross out which does not apply*

Parents Helpers:

I **WILL** be able to accompany on this trip

I will **NOT** be able to accompany on this trip

Signed Parent/Guardian: _____

Emergency contact name: _____

Contact telephone number: _____