



The Grange Community Junior School
Wren Way
FARNBOROUGH
Hampshire
GU14 8TA

15 September 2024

Sample Parent

Email:
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Phone: 01252542196
Website:
<http://www.grange.hants.sch.uk>

Sample Student (Year 1, Samples)

YR3 RHS WISLEY 27.6.25

YEAR 3 RHS Garden Wisley

RHS Garden Wisley, Woking, Surrey, Friday 27th June 2025

We have arranged an educational trip on **Friday 27th June 2025**, to **RHS Garden Wisley**, based in Woking, Surrey which links with their science curriculum.

We will be travelling by coach and will leave school at **9:15am** and return by **3:15pm**. Therefore, children should arrive and leave school at the normal time, traffic permitting.

Clothing: School uniform, school jumper and sensible shoes as there is a considerable amount of walking involved.

Lunch: Packed lunch and a drink (no fizzy drinks, sweets or chocolate please!) Children in receipt of Free School Meals may order a picnic lunch from school. Please indicate this on the permission slip below.

The parental contribution to cover the cost of the trip will be £13.25 per child.

In order for your child to take part on the day, please complete the permission slip below no later than **Friday 23rd May 2025**. Payment for the trip can be made on **SCOPAY**. Please note that if we do not receive enough parental contributions to make the day viable, we will have no option but to cancel the trip. If this is the case, a full refund will be given.

Yours sincerely

Mrs Best Miss Le Bas
YR3 Team

Please complete the form below and submit it by 23rd May 2025.

Childs Name

New Text Field

Class

Please select your child's class

Hawk

Heron

I confirm that I give permission for my child to visit RHS Garden Wisley in Woking, Surrey on **Friday 27th June 2025** and will pay **£13.25** on SCOPAY or in cash to the school office to cover the cost for my child.

Lunch option

How will your child be having lunch?

I will provide a packed lunch

My child is entitled to FREE SCHOOL MEALS and I would like a picnic lunch provided by the school

Medical Information

Please inform us of any medical information below

New Text Field

Emergency Contact Details

Please provide emergency contact name + number below

Contact name

Phone number

Signed by Parent/Carer

Please sign the parent/carer's name in BLOCKED CAPITALS

Name

Date

Name:

Date: