



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

9 September 2024

Sample Parent

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

Sample Student (Year 1, Samples)

**YR5 FAST MUSEUM 28.11.24**

## YEAR 5 History Trip

### **Farnborough Air Sciences Trust Museum, Thursday 28th November 2024**

We have arranged an educational trip on **Thursday 28th November 2024**, to the **Farnborough Air Sciences Trust Museum**, based in Farnborough, Hampshire, which links with their history curriculum.

Half the year group will be travelling by coach and will leave school at **9:00am** and return before **noon**, while the other half will leave school @ **12:45pm** and return by **the end of the school day**. Therefore, children should arrive and leave school at the normal time, traffic permitting.

Clothing: School uniform, school jumper and sensible shoes.

The parental contribution to cover the cost of the trip will be £7.75 per child.

In order for your child to take part on the day, please complete the permission slip below no later than **Friday 15th November 2024**. 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 Rawles    Mrs Lockhart  
YR5 Team

**Please complete the form below and submit it by 15th November 2024.**

**Childs Name**

## Class

Please select your child's class

Swan

Swift

I confirm that I give permission for my child to visit the Farnborough Air Sciences Museum in Farnborough Hampshire on **Thursday 28th November 2024** and will pay **£7.75** on SCOPAY or in cash to the school office to cover the cost for my child.

## Medical Information

Please inform us of any medical information below

## Emergency Contact Details

Please provide emergency contact name + number below

## Signed by Parent/Carer

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

**Name:**

**Date:**

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