



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 WINCHESTER SCIENCE CENTRE 18.10.24

YR5 Science Trip

Winchester Science Centre, Friday 18th October 2024

We have arranged an educational trip on **Friday 18th October 2024**, to the **Winchester Science Centre**, based in Winchester, Hampshire, which links with their science + computing curriculum.

We will be travelling by coach and will leave school at **9:00am** 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.

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 £15.12 per child.

In order for your child to take part on the day, please complete the permission slip below no later than **Monday 30th September 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 30th September 2024.

Childs Name

Class

Please select your child's class

Swan

Swift

I confirm that I give permission for my child to visit the Winchester Science Centre in Hampshire on **Friday 18th October 2024** and will pay **£15.12** 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: