



10 April 2026

Sample Parent

Sample Student (Year 1, Samples)

## BATTLE OF BRITAIN BUNKER 26.6.26

# YEAR 6 History Trip

## Battle of Britain Bunker 26th June 2026

We have arranged an educational trip on **Friday 26th June 2026**, to the **Battle of Britain Bunker**, based in Uxbridge, London which will coincide with their history curriculum.

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

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 £15.45 per child.

In order for your child to take part on the day, please complete the permission slip below no later than **Monday 1st June 2026**. 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 White  
YR6 Team

**Please complete the form below and submit it by 1st June 2026.**

## Childs Name

New Text Field

**The Grange Community Junior School**

Wren Way  
FARNBOROUGH  
Hampshire  
GU14 8TA

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

## Class

Please select your child's class:

Robin

Wren

I confirm that I give permission for my child to visit the Battle of Britain Bunker in London on **Friday 26th June 2026** and will pay **£15.45** 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: