

Tudor Grange Samworth Academy

A Church of England School



21st May 2018

Dear Parent/Carer,

Year 2 Trip to Twycross Zoo

On Wednesday 20th June we will be taking our Year 2 pupils to Twycross Zoo.

We are asking for £10.00 per child to help cover the cost of the travel and entry to the Zoo.

Pupils must arrive at school for 8:30am ready for the coach to depart at 9:00am. Full school uniform must be worn. There will be an opportunity to visit the gift shop, so your child may bring spending money with them. Please can you make sure no more than £5 is given and can this be put in an envelope with their name clearly labelled on the front.

As you are aware, all our Year 2 students are entitled to free school meals, therefore a packed lunch for each child will be provided by the Academy. However if your child wishes to bring one from home they can.

The coach will depart from Twycross Zoo at 2:00pm to arrive back to school at approximately 3:00pm.

Preferred method of payment would be through Parent Pay. Please see the office if you do not have details of how to log in to this. You may send money in an envelope with your child's name and class on it and give this to the class teacher with the consent form.

Please complete and return the attached consent form as soon as possible.

Yours sincerely,

R Pancholi

Rina Pancholi
Year 2 Teacher

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International
School Award



Healthy Schools

PARENTAL CONSENT FORM FOR A SCHOOL VISIT		
School Group: Year 2 – Tudor Grange Samworth Academy		
Destination: Twycross Zoo		
From - Date/Time: Wednesday 20 th June at 8.30am to be ready to depart at 9.00am	To - Date/Time: Wednesday 20 th June at approx. 3.00pm	
I agree to my child taking part in this visit and have read the information sheet. I agree to his/her participation in the activities described.		
2. Medical information about your child		
a) Any conditions requiring medical treatment, including medication? YES/NO If yes please give brief details:		
b) Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:		
c) Is your son/daughter allergic to any medication? YES/NO If yes please specify:		
3. Declaration		
I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.		
I ENCLOSE £10.00 CONTRIBUTION <input type="checkbox"/>		
I HAVE PAID £10.00 CONTRIBUTION VIA PARENT PAY <input type="checkbox"/>		
Contact Telephone Numbers		
Home:	Work:	
Home Address:		
Alternative emergency contact: Tel Number: Name & Address:	Name of family doctor: Tel Number: Name & Address:	
Signed:	Legal Parent/Guardian	Dated:
Full Name (<i>capitals</i>):		
If your child is entitled to a free school meal please indicate if they will require a packed lunch: Yes <input type="checkbox"/> No <input type="checkbox"/>		