

Tudor Grange Samworth Academy

A Church of England School



18th June 2018

Dear Parent/Carer

Year 6 Trip to Twin Lakes Theme Park in Melton Mowbray

On Tuesday 26th June we will be taking some of our Year 6 students to Twin Lakes.

This is a reward trip for all of the hard work your child has put in during their time in Year 6 to get ready for the SATs. There will be no charge for this trip.

We will be leaving school at 9.00 am and will return at approximately 3.45pm. Please ensure that your child is on time as we will be unable to wait for them if they are late.

It is important that we can identify the children quickly and easily so we are asking all of the children to wear their school PE kit for this trip. We expect all pupils to wear their green PE top and, depending on the weather, dark shorts or jogging trousers/leggings. We suggest they wear trainers or other sensible shoes.

Students who receive free school meals will be provided with a packed lunch, all other students should bring their own, no fizzy drinks or glass bottles please. We do suggest that all children bring enough drinks to last them for the day.

There is a gift shop and we are allowing children to bring a maximum of £10 for the trip that they can choose to spend in the shop or use to buy an ice cream.

Please complete and return the attached consent form to Mrs Milton as soon as possible, stating whether your child may walk home alone, or whether they will be collected from the Academy.

Yours sincerely

Mrs Milton

Mrs Milton
Year 6 Teacher

Trenant Road Leicester LE2 6UA

0116 278 0232 office@samworth.tgacademy.org.uk www.samworth.tgacademy.org.uk



PARENTAL CONSENT FORM FOR A SCHOOL VISIT		
School Group: Year 6		
Destination: Twin Lakes Theme Park		
From - Date/Time: Tuesday 26 th June at 09:00am	To - Date/Time: approx. 15:45pm depending on traffic	
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.		
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 (capitals):		
I give my child permission to walk home: <input type="checkbox"/>		
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"/>		