

T: 020 8998 2479
E: office@woodlands.ealing.sch.uk
W: www.woodlands.ealing.sch.uk

Woodlands Academy, Hathaway Gardens, W13 0DH

Head of School: Ms Harinder Rana

Together We Achieve

Tuesday 26th September 2017

Dear Parent/Carer,

RE: Year 4 Trip to The British Museum

To support our Vikings and Anglo Saxons topic based learning in History; I am pleased to tell you that we have arranged a visit to the British Museum on **Tuesday 10th October 2017**.

We will travel using public transport, leaving school at 9.20am and returning by 3.00pm. **There is no cost for this trip.** If you can help, please let us know on the attached slip.

Everyone will need a packed lunch, which should be put in a disposable carrier bag so that the children do not have to carry anything with them after lunch. **NO GLASS BOTTLES OR FIZZY DRINKS PLEASE.** Those pupils who are entitled to a free school meal will be given a packed lunch, but you are of course free to send your own should you wish.

Please make a note of any medical conditions and any food allergies or foods that your child must not eat on the back of the attached slip.

Please complete the form below and return it to school by Monday 2nd October 2017.

Yours sincerely

Ms.Byers and Mrs. Dharsani

Year 4 Teachers

Year 4 trip to The British Museum on Tuesday 10th October 2017

I agree to..... (Name) taking part in the above visit and I acknowledge the need for him/her to behave responsibly.

I have noted his/her medical dietary needs on the back of this slip. **YES/NO**

I will/ will not be able to help on this trip. (Please circle)

Mobile Number.....

Parent/Carer Signature



PARENTAL CONSENT FOR A SCHOOL VISIT

To be returned to School by Monday 2nd October 2017

Details of visit to The British Museum on Tuesday 10th October 2017

Leaving School at 9.20 a.m. and returning to school at 3.00 p.m.

Parental Declaration

I agree to _____ (Child's name) Class _____
taking part in this visit and have read the information sheet.

I agree to his/her participation in the activities described.

I acknowledge the need for him/her to behave responsibly.

Medical and dietary information about your child

Please provide information about medical conditions; treatments; allergies

Name, address and telephone number of family doctor:

If in the case of an accident and I am unable to be contacted I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

I confirm that my child is in good health and I consider him/her fit to participate.

Full name of parent/guardian: