



Willenhall Community Primary School

St. James Lane, Coventry, CV3 3DB

HEADTEACHER

Ms Caroline Kiely

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16 March 2018

Dear Parent/Carer

As part of your child's ongoing educational experience, Class 5A are going out on a visit to Imagineers at Sandy Lane in Coventry on **Tuesday 20th March 2018**. **Children will need to be in school at the earlier time of 8.45am so that they can be registered and ready to leave by 9am**, we will return to school before the end of the school day so please collect as normal at 3.25pm.

Your child will need to bring a packed lunch in a named disposable container or bag and a drink; no fizzy drinks, glass bottles or chocolate please. If your child is entitled to a free school meal a packed lunch will be provided by the school.

As your child will be representing the school they must wear full school uniform and **trainers**, they will also require a coat as it may be wet and cold.

Please ensure that you keep the school informed of any medical needs that your child may have. If your child is asthmatic and uses an inhaler, one must be provided so that it can go with them on the visit. **If they do not have an inhaler with them they will not be allowed to go on the visit.**

The school will be meeting the full cost of the trip.

Please complete the permission slip over the page and return to school by **Monday 19th March 2018**. If you do not return the completed slip your child will not be allowed to go on the visit.

Yours sincerely

Miss Fitch

5A Class Teacher

5A Imagineering Visit 20th March 2018

Child's name:		Class:
Please circle Yes or No as appropriate below:		
YES	NO	I give my permission for my child to take part in the educational visit detailed above.
YES	NO	I have paid the voluntary contribution online via SchoolGateway
YES	NO	My child has a medical condition (please include asthma) requiring regular medical treatment or medication. If yes, give brief details:
YES	NO	In the event of an emergency, I agree to my son/daughter receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
EMERGENCY CONTACT NAME (please list in order you wish them to be contacted in the event of an emergency)		Relationship to child:
1.		Contact number:
2.		
Signed (parent or legal guardian):		Date: