

# Bryn Offa Church of England Primary School

Rockwell Lane, Pant, Oswestry, Shropshire, SY10 9QR

admin@brynoffa.shropshire.sch.uk

Tel: 01691 830621

Fax: 01691 839232

Headteacher: Mr P Thompson



Wednesday 25<sup>th</sup> September

Dear Parent/Guardian,

## **Class 2 Visit to the Exotic Zoo in Telford- Monday 21<sup>st</sup> October**

As part of our current topic of 'The Rainforest', I am pleased to be able to offer the pupils in Class 2 an exciting visit to the Exotic Zoo near Telford. We have begun the Autumn Term by looking at the different animals that live in the Rainforest in our Science and English lessons and how we categorise them in different ways. During our Visit we will have an hour lesson based on these animals. The children will have the chance to ask any questions they may have and we will even get to meet some of the animals! We will also have the chance to explore the Zoo as a class and to take part in some other activities.

As the trip falls on a Monday, homework day will move to a Tuesday for that week only.

### **Visit details**

The Visit will take place on **Monday 21<sup>st</sup> October**. The bus will be leaving school at 9.15am and returning by 3.15pm.

Your child will require a packed lunch for the day with two drinks (not fizzy) all packed into a small rucksack or bag. As October's weather is very unpredictable, and we will be walking around quite a lot throughout the day, the children will need to wear their school uniform, a rain coat and comfortable shoes. If the weather does look like it is going to be colder on the day of the Visit, they can bring hats, scarves and gloves. Please note that there may not be anywhere for bags to be stored and your child may have to carry their bag all day.

### **Cost and payment for the Visit**

The voluntary contribution for the Visit will be £14.00 per pupil. This includes admission to the Zoo and a lesson (£5.00) and transport to and from the Zoo (£9.00). Payment should be made electronically via the School Money online system and you will receive a text/email when the payment has been set up. Although this payment is voluntary, please note that if we do not receive sufficient contributions to cover the cost of the Visit, it will not go ahead. It would be a terrible shame if we have to cancel and support from all parents with payment would be really appreciated. Payment should be made by **Monday 30<sup>th</sup> September** where possible to allow us to ensure that the Visit is viable. If you would like to discuss payment, please contact Miss Morris.

## **Parental Consent**

Please complete the attached consent form and return it to school by **Monday 30<sup>th</sup> September**. Please ensure all sections are completed before returning it.

### **School Packed Lunch**

As you are aware, children in Reception, Year 1 and Year 2 are eligible for a free school meal. If you would like school to provide a packed lunch for your child for the Visit, please indicate this on the consent form before returning it to school. It is important that the consent form is returned by **Monday 30<sup>th</sup> September** to allow the kitchen to order and prepare the necessary packed lunches. If your consent form is late being returned or a packed lunch is not requested on the consent form, please note that you will need to provide a packed lunch for your child for the Visit.

Yours sincerely,

Miss Jones  
Class 2 Teacher

To be return to school by **Monday 30<sup>th</sup> September**

**Bryn Offa Church of England Primary School**

**PARENTAL CONSENT FORM**

**Class 2 Visit to the Exotic Zoo**  
**Monday 21<sup>st</sup> October**

**PLEASE COMPLETE ALL SECTIONS**

**(1) Parental Consent**

I wish my \*son /daughter ..... (name of child) to take part in the above mentioned school visit, and having read the information letter, agree to \*his/her taking part in the activities described.

**(2) School Packed Lunch (Reception, Year 1 and Year 2)**

\* I would/would not like the school kitchen to provide my child with a packed lunch.

*\* (please delete as appropriate)*

**(3) Medical treatment**

Please give details of any medical conditions that apply to your child (e.g. asthma, allergies to food, pollen, stings etc, any medication that may be required throughout the visit).

.....  
.....  
.....  
.....  
.....  
.....

\*I agree/do not agree that in the event of a minor accident that First Aid can be administered by a qualified First Aider

\*I consent/do not consent to any first aid treatment that may be necessary.

*\* (please delete as appropriate)*

Signature of Parent/Guardian .....

Date: .....

Telephone number where Parent/Guardian can be contacted on day of visit:

.....