

Bryn Offa Church of England Primary School

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Tel: 01691 830621

Headteacher: Mr G Jones

Monday 18th March 2024

Dear Parent/Carer,

Class 2 Visit- Llanymynech Heritage Area – Tuesday 16th April

As part of our topic this Half Term, Class 2 will be visiting the Llanymynech Heritage area again on **Tuesday 16**th **April**.

Visit details

We will be leaving school at 9.15am and returning for the end of the normal school day. Your child will require a packed lunch for the visit with their water bottle and a drink (not fizzy) all packed into a small rucksack or bag. The children will have the chance to refill their water bottles at the Heritage Area.

Please ensure that your child is wearing warm clothing which is suitable for outdoor learning (plenty of layers and long-sleeved tops). They will need to wear wellies, warm socks, a warm waterproof coat and a hat/gloves and a scarf. We will be at the Heritage Area all day so please ensure that your child is wearing adequate and appropriate clothing to ensure they remain warm and comfortable throughout the day.

Parental Consent and cost of visit

There will be no cost for the visit. We do however need all consent forms to be completed in full and returned to school by **Wednesday 20th March**. Please ensure <u>all</u> 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. It is important that the consent form is returned by **Wednesday 20**th **March** 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, Mrs Maxfield and Mrs Woodfine Class 2 Teachers

PARENTAL CONSENT FORM Class 2 Visit to the Heritage Area – Tuesday 16th April

* Please 6	ensure <u>all</u> sections are completed before returning the form to school.
Child's full	name:Class:
Please tic	k in sections (1), (2) and (3) below as appropriate
(1) C	onsent
	I give consent for my child to take part in the above visit
	I do not give consent for my child to take part in the above visit
(2) M	ledical treatment
	e details of any medical conditions that apply to your child (e.g. asthma, food, pollen, stings, plasters etc).
	I give consent to any first aid treatment that may be necessary
	I do not give consent for any first aid treatment that may be necessary
(3) S	chool Packed Lunch
	I would like the school to prepare a packed lunch for my child
	I do not need the school to prepare a packed lunch for my child
Parent/Car	er signature: Date:
Telephone r	number where Parent/Guardian can be contacted on day of visit: