



**Wellow**  
Primary School

Romsey Road, Wellow  
Romsey, Hants  
SO51 6BG

*Executive Headteacher : Mrs Jo Cottrell*  
*Head of School: Mrs Bethan Larcombe*  
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Dear Parents/Carers

A visit has been booked for the children in KS1, details of which are outlined below. On this day the children will be visiting The Theatre Royal, Winchester to watch Peter Pan in the morning. The children in Year 2 have also been invited to attend the KS1 gym festival, using the fantastic facilities at Redbridge Gymnastics Centre in the afternoon. The coach will take the children from the Theatre Royal after the performance, directly to the gym festival where they will eat their lunch and change into PE kits. Parents will need to collect children from Redbridge at 3pm.

**Venue: Theatre Royal, Winchester am**

**Date: Thursday 7<sup>th</sup> December 2017**

**Redbridge Gymnastics Centre pm**

**Departure time: 9am from school**

**Collection: Parents collect from Redbridge at 3pm**

**Transport: Coach to and from Theatre Royal**

**Parents to collect from Redbridge Gym Centre,  
Cuckmere Lane, SO16 9AR**

**Clothing: School uniform (and PE kit to change into)**

**Cost: £16 (which includes an ice lolly)**

**Lunch arrangements: Packed lunch on arrival at Redbridge Gym Centre. If you would like your child to have a school packed lunch, please indicate on the reply slip.**

*Charges for this visit are in line with the school's Charging & Remission policy, a copy of which can be viewed on the school's website: [wellow.hants.sch.uk](http://wellow.hants.sch.uk). If you feel you are unable to make a voluntary contribution, please contact Mrs Larcombe without delay. **Please note that the trip will only take place if sufficient funds are available and providing the appropriate adult: pupil ratios for school trips can be met. Please indicate on the slip if you are able to help – this is always greatly appreciated! All volunteers must have undertaken a DBS check. You will be asked to pay the cost of the theatre ticket. You will be notified if your help is required.***

Please indicate your payment method and complete the attached sheet, paying particular attention to the section regarding medical conditions, and return to your child's class teacher or the school office by **Thursday 16<sup>th</sup> November 2017**.

Yours sincerely

B Larcombe

**Head of School**

**THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR CHILD'S CLASS TEACHER BY NO LATER THAN THURSDAY 16<sup>TH</sup> NOVEMBER 2017.**

Venue: Theatre Royal, Winchester am

Date: Thursday 7<sup>th</sup> December 2017

Redbridge Gymnastics Centre pm

Departure time: 9am from school

Collection: Parents collect from Redbridge at 3pm

CHILD'S NAME: .....

CLASS: .....

- I agree to my child visiting Theatre Royal, Winchester and the Gym Festival at Redbridge Gym Centre
- I **have made** my £16 payment online
- I **have enclosed** my £16 payment by cash/cheque (Cheques made payable to HCC)
- I am able to help accompany the children on the visit (I have a current DBS certificate) and am aware that I will be asked to pay £10 for the cost of the panto ticket. The class teacher will inform you of whether your help is required and after this time, you can pay for your ticket.

PRINT NAME: .....

NB: The class teacher will confirm whether your help will be required

- I would like my child to have a **pre-ordered school packed lunch**

My child has a medical condition      **Yes / No**      (please delete as appropriate)

If **Yes** please give details: .....

My child requires medication for the above condition      **Yes / No**      (please delete as appropriate)

If **Yes** please give details including dosage: .....

- Medication held in school       Medication to be supplied by parent/carer

***NB: Wherever possible, medication should be administered by the parent/carer before the child comes to school.***

Does your child suffer from travel sickness?      **Yes / No**      (please delete as appropriate)

If medication is required for the return journey please ensure this is given to class teacher and complete medication details above.

Signed .....

Date .....

(Person/s with parental responsibility)