



Wellow
Primary School

Romsey Road, Wellow
Romsey, Hants
SO51 6BG

*Executive Headteacher : Mrs Jo Cottrell
Head of School: Mrs Bethan Larcombe*

Tel: 01794 322201 Fax: 01794 323819

Email: schooloffice@wellow.hants.sch.uk

Year 5 Visit to SeaCity – Friday 12th October 2018

This term, Year 5 will be investigating the importance of the Titanic story to Southampton as a city.

Children will need to be in school uniform for this excursion and will also require a packed lunch. Transport has been arranged and the children will arrive back at school for the end of the school day.

A cost of £16.50 is required for this trip to go ahead. Please send the form below along with payment into school by ***Monday 8th October***

Venue: SeaCity

Date: 12th October

Departure time: 9.15am

Return time: 3.00pm

Transport: Coach

Clothing: School Uniform

Cost: £16.50

Lunch arrangements: Please bring a packed lunch

*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. 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 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 Tuesday 13th September

Yours sincerely

B Larcombe

Head of School



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THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR CHILD'S CLASS TEACHER BY NO LATER THAN 8th October

VENUE: SeaCity

DATE: Friday 12th October

DEPARTING AT: 9.15am

RETURNING AT: 3.00pm

CHILD'S NAME:

CLASS: Year 5 - Alderhill

I agree to my child visiting

I **have made** my £16.50 payment online

I **have enclosed** my £16.50 payment by cash/cheque (to HCC)

I am able to help accompany the children on the visit (I have a current DBS certificate)

PRINT NAME:

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

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)



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