



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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Tel: 01794 322201 Fax: 01794 323819

Dear Parents/Carers

Year 1 are joining the Year 2 class for their Pirate themed camp day on the school field. We are looking forward to lots of outdoor crafts and games to develop the children's teamwork skills. The Year 1 children will not camp overnight but will enjoy a Pirate tea before they go home.

Venue: Wellow School

Date: Friday 6th July 2018

Start time: 8.45am

Finish time: 6.30pm

Cost: £3

Clothing: Own clothes *plus* a change of clothes for water games (shorts and T-shirt or swimwear with a T-shirt over the top). As we plan to be outside for most of the day, wear sun cream and a sun hat.

Lunch arrangements: Normal school lunch; packed lunch or school dinner

*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 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 28th June 2018**.

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 28th June 2018

Venue: Wellow School

Date: Friday 6th July 2018

Start time: 8.45am

Finish time: 6.30pm

CHILD'S NAME:

CLASS:

- I agree to my child taking part in the Pirate camp day
- I **have made** my £3 payment online
- I **have enclosed** my £3 payment by cash/cheque (Cheques made payable to HCC)
- I am able to help set up on Friday 6th July between 7.30 – 8.30am

PRINT NAME:

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.

Signed

Date

(Person/s with parental responsibility)