

19th September 2016

Dear Parents/Carers

Year 5 Science Trip – National Space Centre, Leicester

To enrich our Science curriculum Year 5 will be visiting the National Space Centre in Leicester on **Friday 14th October**. It is an amazing museum which will really bring our topic on "Space" to life.

On the day pupils will be expected to arrive at school, in full uniform, at the normal time. We expect to arrive back at school around 4.00pm. Mobile phones will be collected in and given out as normal on return.

For the day your child will need a packed lunch (no fizzy drinks or glass bottles/chewing gum) in a carrier bag that can be later disposed of. Additionally a coat is advisable. Pupils will be responsible for, and carrying, all their belongings. They will be allowed to make purchases from the souvenir shop and should bring their own money if you wish them to do so, to the value of no more than £5.00.

The cost of the coach and entrance to the centre (including the planetarium show "Night Sky Tour") is £16.00. In order to secure this price payment will need to be made to school by **Friday 7th October**. This is a voluntary contribution; however the trip cannot take place unless we receive sufficient funds.

Payments are non-refundable and can be made using Parentpay. If you child is entitled to Free School Meals and you wish school to provide a packed lunch for them please complete the slip below.

Finally, could you please complete the reply slip below and return it by **Friday 7th October**. Should you have any further queries regarding the trip you can either contact me directly or view the Space Centre's website for further information.

Yours sincerely

Mr M MacRae
Teacher of Science

Reply Slip – Y5 Space Centre – Friday 14th October 2016

Pupil's Name _____ Tutor Group _____

I have paid online (Parentpay) I enclose a cheque

I give permission for my child to attend the trip and enclose payment of £16.00.

My child is entitled to free school meals and I would like to order a free school packed lunch (please tick)

Please state any medical requirements (inhaler/epi-pen) _____

Signed (Person with Parental Responsibility) _____ Date _____

Emergency contact numbers _____