

18th January 2017

Dear Parents/Carers

Year 6 Science Trip – Think-tank Museum, Birmingham.

To enrich our Science Curriculum Year 6 will be visiting the Think-tank Museum Birmingham on **Friday 10th March**. It is an amazing museum which will really bring the Science in KS2 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 before 3.15pm. 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 (a small rucksack would be useful). 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 is £9.50. In order to secure this price payment will need to be made to school by **17th February**. 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. Cheques are to be made payable to Codsall Multi Academy Trust. Cash will NOT be accepted. If your 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 17th February. Should you have any further queries regarding the trip you can either contact me directly or view the Think-tank website for further information.

Yours sincerely

Mr M MacRae
Teacher of Science

Reply Slip – Y6 Thinktank visit – Friday 10th March

Pupil's Name _____ Tutor Group _____

I give permission for my child to attend the trip.

I have paid £9.50 online I enclose a cheque for £9.50

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 _____

