

15th September 2017

Dear Parents/Carers

Year 5 Science Trip – National Space Centre, Leicester

To enrich our Science Curriculum 5CE and 5DR will be visiting the National Space Centre in Leicester on **Monday 2nd 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) is £18.50. In order to secure this price payment will need to be made to school by **Tuesday 26th September**. 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 Parent Pay. 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 **Tuesday 26th September**. 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 – Monday 2nd October 2017

Pupil’s Name _____ Tutor Group _____

I have paid £18.50 online

I give permission for my child to attend the trip and have made payment of £18.50.

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 _____

