LIONEL WALDEN PRIMARY SCHOOL



Headteacher - Mrs Sally-Anne Barnard-Taylor

High Street
Doddington
March
Cambridgeshire
PE15 OTF

Tel: 01354 740405 Fax: 01354 741514

Email: office@lionelwalden.cambs.sch.uk Website: www.lionelwalden.cambs.sch.uk

Dear Parents, 20th May 2019

We are planning an educational visit for our Year 2 Class on <u>Tuesday 9th July</u> to Shepreth Wildlife Park, near Royston. The children will explore park which specialises in conservation. They will also take part in a 'Life Cycles' workshop, involving a 'hands on' session with live animals. Further information can be seen at https://sheprethwildlifepark.co.uk/. The coach will leave school at 9.00 a.m. and will return to school by 3.15 p.m.

Children will need to bring a packed lunch as well as a small snack for mid-morning. Children may wear non-uniform clothes, which are suitable for a school visit, and sensible footwear, e.g. trainers. If the weather is wet, a waterproof coat is advisable. Sunhats and sun cream should be worn if hot weather is forecast. Please let us know if your child suffers from travel sickness, or any other medical condition, which may affect them on this visit.

In order for this trip to go ahead, a contribution of £20.00 per child is required. This covers the cost of coach travel together with all the teaching activities and resources for the day. If insufficient contributions are received, unfortunately the trip will not take place. Please complete the form below and return to school together with your contribution by $\underline{\text{Friday } 21^{\text{st}} \text{ June}}$. Any contributions will be refunded in full should the trip be cancelled. Any cheques should be made payable to Lionel Walden School. There is also the facility to pay for this trip on the Sims Pay online payment system. Please speak to Mrs. Clarke in the School Office if you have any queries about this.

Yours sincerely,	
V. Bennett (Miss)	
Class Teacher ※	
Year 2 Trip to Shepreth Wildlife Park - Tuesday 9 th July 2019	
Name of Child:	
I would like/not like* my child to take part in the visit to S £20.00/payment made online.*	hepreth Wildlife Park. I enclose my contribution of
Medical Information:	
Signed: (Parent/Carer) Name: (Please Print)	* Please delete as necessary











