

LIONEL WALDEN PRIMARY SCHOOL



Headteacher - Mrs Sally-Anne Barnard-Taylor

High Street
Doddington
March
Cambridgeshire
PE15 OTF

Yours sincerely,

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Dear Parents, 5th May, 2017

We are planning an educational visit for Class 4 on Wednesday, 14th June. We will be visiting Flag Fen in Peterborough, which is part of the Vivacity Heritage Education Service. The educational focus of our day is 'Exploring Prehistoric Life'. The children will enjoy clay craft activities, a guided tour of the Flag Fen site and a storytelling session in the Bronze Age roundhouse. Further information can be seen on www.vivacity-peterborough.com/museums-and-heritage/flag-fen. The coach will leave and return to school within the normal school day.

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. Children may bring spending money in a named purse or envelope for which they are solely responsible. We suggest a maximum amount of £5.00. 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 £17.00 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 Monday, 5^{th} June. Any contributions will be refunded in full should the trip be cancelled. Any cheques should be made payable to Lionel Walden School.

J. Harfield	
Class Teacher	
Class 4 Educational Visit to Flag Fen, Peterborough -	
Name of Child:	
I would like/not like* my child to take part in the visi	t to Flag Fen. I enclose my contribution of £17.00.
Medical Information:	
Signed: (Par	ent/Carer) * Please delete as necessary
Name:(Plea	ase Print)















