



# LIONEL WALDEN PRIMARY SCHOOL



Headteacher - Mrs Sally-Anne Barnard-Taylor

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Dear Parents,

24<sup>th</sup> April, 2017

We are planning an educational visit for Class 7 to 'The National Space Centre' in Leicester on Tuesday, 23<sup>rd</sup> May. This promises to be a very exciting and educational day, which I am sure the children will find interesting. The educational focus of the day is 'Life in Space', and the children will take part in a workshop where they will find out what it is like to be an astronaut living and working on the International Space Station. They will find out about the dangers of carrying out an EVA (spacewalk) and why the different layers of the space suit are necessary to protect the astronaut. The children will travel by coach which will leave school promptly at 8.00 a.m. and return at approximately 5.00 p.m.

Children will need to bring a packed lunch as well as snacks for mid-morning and afternoon. 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 £29.00 is required. Unfortunately, if insufficient contributions are received, the trip will not take place. Please complete the form below and return to school by Friday, 12<sup>th</sup> May. Contributions will be refunded in full should the trip be cancelled.

Yours sincerely,

J. McBeath (Mrs.)  
Class Teacher

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## Class 7 Trip to the National Space Centre on Tuesday, 23<sup>rd</sup> May

Name of Child:.....

I would like/not like\* my child to take part in the visit to The National Space Centre

I enclose my contribution of £29.00 Medical information: .....

Signed .....(Parent/Carer) \*Please delete as necessary

Name: ..... (Please Print)

