

## 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, 4<sup>th</sup> June 2018

We are planning an educational visit for Year 1 on <u>Monday 2<sup>nd</sup> July</u> to Ferry Meadows Country Park, near Peterborough. The focus of the visit will be 'Living Things and Their Habitats' and the day will be led by the teaching staff at the Nene Park Trust. If you would like more information about Ferry Meadows and Nene Park, please see <a href="https://www.nenepark.org.uk/visit-us/schools">https://www.nenepark.org.uk/visit-us/schools</a>. The coach will leave and return 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. 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 £16.00 per child is required. This covers the cost of coach travel, entrance to the park and teaching activities. 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 25<sup>th</sup> June. Any contributions will be refunded in full should the trip be cancelled. Any cheques should be made payable to Lionel Walden Primary School. There is also the facility to pay for this trip on the Sims Agora online payment system. Please speak to Mrs. Clarke in the School Office, if you have any queries about this.

R. Coulthurst (Miss.)			
Class Teacher			
Year 1 Trip to Ferry Meadows Co  Year 1 Trip to Ferry Meadow			
Name of Child:			
I would like/not like* my child to	take part in the visit to Ferry M	leadows.	
I enclose my contribution of £16	5.00/Payment made online.*		
Medical Information:			
Signed:	(Parent/Carer)	* Please delete as necessary	
Name:	(Please Print)		















