

**Blakehill Primary School**

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Executive Headteacher: Mr T Patterson

Head of School: Mrs L Keighley



12<sup>th</sup> February 2020

Dear Parents

As part of our R.E. curriculum Year 2 will be visiting the Mosque, Thornbury Road on Tuesday 10<sup>th</sup> March 2020.

We will be at the Mosque during the morning and will return for lunchtime. The aim of the trip is to develop respect and understanding of different beliefs and practices.

**The children will not be involved in any religious ceremonies.**

All children should wear school uniform.

To cover the cost of the trip, we are asking for a contribution of **£2.90** per child.

*There is no obligation upon you to contribute and your child will not be treated differently whether you contribute or not. However, I must point out that if insufficient voluntary contributions are made then the trip may have to be cancelled for the whole class. If you are experiencing any financial hardship at this time and are unable to make a voluntary contribution, please do come and discuss this matter, in the strictest confidence, with the Business Manager.*

If any parents would like to join us on the trip, they would be very welcome. Please speak to your child's teacher.

Please consent and pay by Parent Pay no later than **Wednesday 4th March 2020.**

Yours sincerely

Mrs. Scott & Mrs. Pinder  
Year 2 Class Teachers



## Year 2 Trip Consent Form

I agree to my child \_\_\_\_\_ in 2P/2S visiting the Mosque, Thornbury Road,  
**Tuesday 10<sup>th</sup> March 2020.**

- ☐ I have paid by Parent Pay and enclose the permission slip.
- ☐ I enclose **£2.90** cash/cheque (made payable to Blakehill Primary)

Signed \_\_\_\_\_

My child has an existing medical condition of \_\_\_\_\_ which the school is aware of and a pink medication form has previously been completed.  
He/she takes \_\_\_\_\_ (medication/inhaler) to treat this condition.

PLEASE NOTE: If your child will need to take any medication on the day (i.e. travel sickness tablet or antibiotics etc) a pink medication form must be completed; this can be obtained from the school office.

Could you please provide 2 emergency contact numbers for the day.

Name \_\_\_\_\_ no. \_\_\_\_\_ relationship to child \_\_\_\_\_

Name \_\_\_\_\_ no. \_\_\_\_\_ relationship to child \_\_\_\_\_

### **Office Use Only**

Pupil

Class

Paid by Cash/cheque

Processed by \_\_\_\_\_ date \_\_\_\_\_

