Blakehill Primary School
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Executive Headteacher: Mr T Patterson
Head of School: Mrs L Keighley

14th January 2019

Dear Parents

RE: Year visit to Bradford Cathedral

As part of our R.E. work on special places, Year 3R will be visiting Bradford Cathedral in February.

The children will be having a tour of the Cathedral learning about its history and, in particular, its place in Bradford's rich history. There will be a question and answer session following the tour and workshop.

There is no charge for the tour and workshop as the guides are all volunteers. There are no paid staff at the Cathedral and they rely on the generosity of the public to enable the volunteer guides to work with schools and visitors.
For this reason, we are suggesting a voluntary contribution to the Cathedral (suggested at £1.50 per child).

The cost of the visit is only for the coach with seatbelts and is £5.00. 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 visit may have to be cancelled. If you are experiencing any financial hardship at this time and are unable to make a voluntary contribution, please do come and discuss the matter, in confidence, with the Headteacher.

Consent should be given and payments made on Parentpay by Thursday 7th February 2019.

3R will visit on Thursday 14th February 2019.

School uniform must be worn.

Yours sincerely

Mrs R Rashid & Mrs K Roberts
Year 3 Teachers

ONLY TO BE COMPLETED IF CONSENT HAS NOT BEEN GIVEN ON PARENTPAY.

Year 3 Trip Consent Form

I agree to my child _____ Class **3R** going on the Bradford Cathedral visit on **Thursday 14th February 2019**.

Signed_____

□ I enclose **£5.00** cash/cheque (made payable to Blakehill Primary).
□ I enclose a voluntary contribution of £……..

My child has an existing medical condition of _____ which the school is aware of and a 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.

Signed_____ parent/guardian

Office Use Only

Pupil _____

Amount received _____ ParentPay/cash/chq no._____ Date received _____

Packed lunch required (provided by the school kitchen) Y/N _____

Packed lunch to be provided by parent Y/N _____

Processed by _____ date_____