

Blakehill Primary School

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Executive Headteacher: Mr T Patterson

Head of School: Mrs L Keighley



15th March 2019

Dear Parents

Next half term Year 1 will be visiting Skipton Castle. The visit will take place on **Tuesday 30th April** and will support the National Curriculum areas of English, History and Art.

We will be leaving school at 9.10 a.m. and should return by 3.00 p.m.

The cost of the visit which includes a coach with seatbelts and entry to the castle is £10.90. 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.

As we will be away from school over the lunchtime period, your child will be provided with a free packed lunch through the School Meals Service.

If you prefer to provide your child with a packed lunch from home we would ask this is sent ***in a named disposable carrier bag*** with a drink (**no glass bottles, fizzy drinks or yoghurts please**)

Please do not send any sweets or spending money.

As we will be outside for some of the visit the children will need a warm coat and sensible shoes or boots. School uniform must be worn.

If you are able to help on the day, please speak to your child's teacher.

Please consent and pay by Parent Pay, no later than **Friday 5th April 2019**

Considering the time of year, parents can send their child with an additional drink of bottled water, if they wish.

Yours sincerely

Mrs C Wardell & Miss Gardner
Year 1 Teachers



Year 1 Trip Consent Form

I agree to my child _____ Class _____ going on the Skipton Castle visit on **Tuesday 30th April 2019.**

Signed _____

- ☐ I have consented and paid on Parent Pay
- ☐ I enclose £10.90 cash/cheque (made payable to Blakehill Primary) and enclose the permission slip
- ☐ I will provide my child with a packed lunch from home
- ☐ School kitchen to provide a packed lunch for my child ☐ Tuna ☐ Cheese ☐ Ham

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.

Signed _____ parent/guardian

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 _____

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 _____



INVESTORS IN PUPILS

