

14<sup>th</sup> January 2019

Dear Parents

**RE: Year visit to Bradford Cathedral**

As part of our R.E. work on special places, Year 3Ro 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 Monday 4<sup>th</sup> February 2019.

**3Ro will visit on Monday 11<sup>th</sup> February 2019.**

We will be back in school for lunchtime.

School uniform must be worn.

Yours sincerely

Mrs R Rashid & Mrs 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 **3Ro** going on the Bradford Cathedral visit on **Monday 11<sup>th</sup> 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 \_\_\_\_\_



