

Thameside Primary School
Manor Road
Grays
Essex
RM17 6EF
Tel: 01375 372188
Email: office.tps@stcleres.coop
Website: www.thamesideprimaryschool.com



Our strength is our difference

Head Teacher: Mr J Fish

27th June 2018

Dear Parents/Carers,

Year 6 Trip to Adventure Island Southend Tuesday 17th July

As an end of school reward we are organising a trip to Adventure Island for our Year 6 pupils. **The cost is £20 in cash** and should be paid to the school by **Thursday 5th July** at the latest. We will **leave school at 8.30am** and return to the school at approximately 4pm. We will travel by train to and from Southend

The cost includes transport and admission to the park. Children will either need to bring money to purchase food and drink there (which can be expensive) or bring a packed lunch. If your child is entitled to free School meals and you would like one can you please specify on the reply slip.

If you would like your child to go this trip then please fill in the slip below and return with cash payment before Thursday 5th July. Any requests after this date cannot be processed as c2c and Adventure Island require payment 10 days before.

Yours sincerely,

Mr J Wyatt
P.E. Teacher



St Clare's

Working in Partnership with Co-operative Academy Trust



ARTS COUNCIL
ENGLAND



Healthy School

INCLUSION
QUALITY
IQM



St Clare's Co-operative Academy Trust is registered at
Companies House, Cardiff
Registered Company No. 7703865
www.stcleres.coop

I would like my son/daughter to be included in the Adventure Island Trip on Tuesday 17th July and I include payment of £20 in cash please. Payment **must be included** for your child to be eligible.

I agree to authorise members of staff during the course of the activity to approve such medical treatment for my child as deemed necessary in an emergency or on the advice of a qualified medical practitioner, if I cannot reasonably be contacted in time. (If for religious reasons you are unable to sign this authorisation please contact me as soon as possible so an alternative authorisation slip may be provided.

I have written overleaf any medical conditions from which my child is suffering, together with details of the treatment required.

Signed;parent/guardian

Name of Student:.....tutor group:.....

Telephone number:.....

My Child is entitled to free school meals and would like a packed lunch: Yes/No

Form of Consent

Activity:	Adventure Trip on Tuesday 17 th July
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Dates:	17 th July	Child's Name:	
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Medical conditions/history and other relevant information on the student (continue on separate sheet if necessary)

Signed: (Parent/Guardian)		Date	
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Name: (block capitals) (Parent/Guardian)	
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Address & phone number (please include mobiles)	
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Alternative Emergency Contacts:	Name	Contact Number	Alternative Number
(to be used during the visit in an emergency only)			