Bramingham Primary School

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9th January 2024

Dear Parents,

To support the work that we will be covering in our 'Out of This World' topic next half term, we have organised a trip to The National Space Centre in Leicester, on Tuesday 5th March 2024. The children will have a tour of the centre and they will take part in a workshop entitled 'Earth, Moon & Sun.' A Planetarium Show to guide around our night sky, looking at the stars, visiting planets and exploring the mysteries of space, is also included.

To make the most of the day we will need to leave school by 8.00am - the children will therefore need to arrive at school by **7.45am**. Traffic permitting, we will be back by 5.00pm. We have planned this trip with an early start so that we get best value and your children will participate in more activities during the day.

All children will require a packed lunch (no fizzy drinks please). If your child is entitled to a free school meal, a text will be sent in due course asking if you would like the kitchen to prepare a packed lunch. Please ensure you reply so that the correct number of lunches can be prepared.

All children are required to wear school uniform. We will visit the museum shop and your child may bring up to £5 in a named envelope on the morning of the trip.

The cost of this trip is £30.00 and we are asking for a voluntary contribution of this amount. Unfortunately, if insufficient contributions are received the trip will not be able to take place. Please log onto your Eduspot account to add your voluntary contribution. As the trip is outside of normal school hours, a full consent form must be completed. Please return the consent form no later than Monday 15th January 24. We hope you will agree this will be a fantastic learning opportunity for your child.

Kind Regards,

The Year 5 Team







PARENTAL CONSENT FOR AN EDUCATIONAL VISIT

Establishment/Group: Bramingham Primary S Details of Educational Visit to National Space C from 7:45am to 5pm	
I agree toagree to his/her participation in the activities de	(name) taking part in this Educational Visit and scribed.
I acknowledge the need forthe Visit.	to behave responsibly throughout
Medical information about your child Any conditions requiring medical treatments of the property of t	ent, including medication? YES/NO
b) Please outline any food or other allergie	s and special dietary requirements of your child:
c) Any recent illness or accident staff should be aware of?	
course of the Educational Visit.	treatment required by my child during the alth and I consider him/her fit to participate.
Contact Telephone numbers:	
Work:Home	e:
Home address: Alternative emergency contact:	
Name: Telep	
Address:	
Name of family doctor:Address:	Telephone Number:
Signed	_Date:
Full name:	7

THIS FORM WILL BE TAKEN BY THE GROUP LEADER ON THE EDUCATIONAL VISIT



