

Bramingham Primary School

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MEETING INDIVIDUAL NEEDS... TO THE BEST OF OUR ABILITY

23rd January 2024**Year 5 School Linking Visit to Stockwood Discovery Centre**

Dear Parents/Carers,

This year our Year Five children are lucky enough to be taking part in a Schools Linking project with The Linking Network. As part of this project, so far, we have explored our identity and found out more about our Linking Class at St Martin de Porres Primary School.

Our **first** meeting will take place at the **Stockwood Discovery Centre**, on **Tuesday 6th February 2024**.

The day will involve children working in groups on a range of activities.

Your child will need to be at school punctually on this day (8.45 am) and we will be back by 3.00pm. Children will need a packed lunch and a drink (no fizzy drinks, nothing that contains nuts or glass bottles please). If you are entitled to free school meals and would like the school to provide a packed lunch, please complete the slip below.

The cost of the trip has been met by the school. Please complete and return the slip and consent form below to your child's class teacher by Monday 29th January.

Thank you for your support,

Year 5 Team

I give permission for my child to go to the Stockwood Discovery Centre on Tuesday 6th February 2024.

Name of child _____ Class _____

We are in receipt of Free School Meals and I would like school to provide a packed lunch

☐

I will provide a packed lunch for my child

☐

PARENTAL CONSENT FOR AN EDUCATIONAL VISIT

Establishment/Group: Bramingham Primary School

Details of Educational Visit to: Stockwood Discovery Centre

From: Date: 6th February 2024 Time: 9:30am

To: Date: 6th February 2024 Time: 3:30pm

I have read the trip letter to parents. I agree to _____'s participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

1. Medical information about your child

- a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

- b) Please outline any food or other allergies and special dietary requirements of your child:

Declaration

- I consent to any emergency medical treatment required by my child during the course of the Educational Visit.
- I confirm that my child is in good health and I consider him/her fit to participate.

Contact Telephone numbers:

Work:_____ Home: _____

Alternative emergency contact: _____

Name: _____ Telephone Number: _____

Signed:_____ Date:_____

Full name (capitals):_____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE EDUCATIONAL VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT