

## Bramingham Primary School

Freeman Avenue, Luton, Bedfordshire LU3 4BL

**T** 01582 617500

**E** office@bramingham.net

**W** www.bramingham.net

EVERY individual, EVERY achievement and EVERY moment matters



12<sup>th</sup> January 2024

Dear Parents,

In RE this half term, we are learning about the importance of traditions and community in Sikhism. To make the unit of work more meaningful for the children, we have arranged a visit to Guru Nanak Gurdwara, Dallow Road on:

**Thursday 8<sup>th</sup> February – Hedgehogs**

**Friday 9<sup>th</sup> February - Badgers**

We will be travelling to the Gurdwara by minibus and there will be no charge for this visit.

**All children will need to come into school wearing their P.E kit and will need to remove their shoes during the visit and will need to have their heads covered** (please send your child with an appropriate hat or scarf to cover their heads for when we are inside the Gurdwara).

We hope you agree this is an exciting opportunity for your children and we are sure they will enjoy deepening their understanding of Sikh traditions.

Please return the following consent form to school by Friday 19<sup>th</sup> January 2024

Thank you,

Year 4 Team

---

**Miss P Sutton** CO-HEADTEACHER Assessment & Maths Coordinator

**Mrs S Bains** CO-HEADTEACHER Special Educational Needs Coordinator (SENCO)

To contact either Headteacher please email [headteacher@bramingham.net](mailto:headteacher@bramingham.net)



Values-based Education  
VbE Quality Mark



## PARENTAL CONSENT FOR AN EDUCATIONAL VISIT

Establishment/Group: Bramingham Primary School

Details of Educational Visit to: Luton Gurdwara

From: Date: Thursday, 8<sup>th</sup> February 2024 Time: 9am  
To: Date: Thursday, 8<sup>th</sup> February 2024 Time: 12 noon

I have read the trip letter to parents (copy available on the school web-site). 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.**

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**