



Plympton St Maurice Primary School
 Plympton Hill, Plympton, Plymouth PL7 1UB
 01752 337427

Friday 24th Jan 2020

Dear Parents/Carers

The cost per child is: £ 12.00

Cost of transport provided by a kind and generous donation to the school

Visit: **We The Curious Science Museum**, Bristol. (includes Innoventions

Workshop and Solar System Odyssey 3D Planetarium Show)

Date: **Thursday 26th March 2020** (7:30am-5:30pm approx)

Time: Depart school 7:30am arrive Bristol 10am approx.

Depart Bristol 3pm arrive school 5:30pm approx

The children will need:

A packed lunch, to wear their school uniform and have a love of learning science!

A school packed lunch will automatically be provided for your child if they are entitled to a Free School Meal, you are however very welcome to supplement your child's packed lunch. If you do not require a school packed lunch please can you mark accordingly on the consent form.

If you are willing for your child to take part please complete and return the consent form attached by 24/01/2020, payment of £12 will be required by Friday 28th Feb. Places are restricted to 40 children, therefore spaces will be allocated on a first come first served basis. In the unlikely event that insufficient KS2 pupils wish to go, the trip will be opened up to Year 2 pupils.

If the school makes any surplus of less than £1 per pupil, unless we hear from you to the contrary then this will be retained for the general benefit of the pupils.

If your child is poorly on the day of the school trip you may be entitled to all or part of a refund dependent on commitments of the contributions i.e. if a coach has been booked with an entry fee, then only the entry fee can be refunded.

Yours sincerely

Miss Chilman and Mrs Tustain

Cut and keep this part



We The Curious Science Museum 26.03.2020

Name of Child :.....

- I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in any or all of the activities described.
- I consent to any emergency medical treatment required by my child during the course of the visit.
- I confirm that my child is in good health and I consider him/her fit to participate

SPECIAL DETAILS: Any relevant information concerning you child's health requiring special attention but which does not prevent him or her taking part should be noted below, eg. Does your child

- suffer allergies? _____
- take medication and, if so, what is the dosage required? _____
- have diabetes, asthma or epilepsy? _____
- Has your child had any relevant recent illness? _____
- Any additional comments? _____

DIET: Does your child have any specified dietary requirements?

- My child WILL require a school packed lunch (Yrs 3, 4, 5 & 6)
 Choice of sandwich: Ham Cheese Tuna
- My child WILL NOT require a school packed lunch

Signature of parent/carer: _____

Please print your name: _____

Contact telephone number/s _____

Return this part to school