

Great Barford Church of England Primary Academy

'Growing together through learning, friendship and worship'



14th November 2019

Dear Parent/Carers

Please find below details of the **Year 6 Educational Visit to the Imperial War Museum Duxford**; a voluntary contribution per child would be appreciated.

Venue and Date	Timing	Activity	Required Clothing	Other items required	Voluntary contribution
Imperial War Museum Duxford Friday 6th December	We will leave at 9am sharp. All children will need to be in school at 8.45am. We will be back for the end of the day.	Educational trip as part of the History World War Curriculum	School Uniform with sensible shoes and a warm waterproof coat	Packed lunch, drink and a healthy snack	£15.00

Payments can be made by cash or cheque (payable to Great Barford Primary Academy) or by direct payment to the school NATWEST bank account.

Account name: Great Barford Primary Academy

Sort Code: 60-02-13 **Account number:** 71205462

Please reference your payment with your child's name, year group and trip name.

Please feel free to speak to Mrs Evans in confidence if you have any concerns regarding payment.

Please could you complete the school permission slip and return it to the school office in an envelope with your child's name, class and trip name or if you are making a direct payment please email your permission slip to admin@gbpa.org.uk by **Monday 25th November**.

Unfortunately, due to the increase in the costs involved, if we do not receive enough contributions the activity may have to be cancelled.

Yours faithfully
Mrs Barrows

Great Barford Church of England Primary Academy
Silver Street, Great Barford Beds, MK44 3HZ Tel: 01234 870342 E-mail: admin@gbpa.org.uk

Great Barford Church of England Primary Academy is part of Unity Church of England Academy Trust, a charitable company limited by guarantee and registered in England and Wales with company number 7563436.



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Please complete the table below as applicable and return this slip to school by **Monday 25th November 2019**.

Having read all the information provided, I agree to my child taking part in any or all of the activities described.

Child's Name: Class:

Activity	Date	Contribution Cash/cheque	Contribution bank Transfer	Authorised Signature
Imperial War Museum Duxford	Friday 6th December			

Please tick or cross accordingly:

I am able to help with the Imperial War Museum trip ☐

I have a DBS ☐

I have completed safeguarding training ☐

Helper Name:

Contact Number:

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