

Dear Parent/Carer

## Owls/Puffins Trips for 2<sup>nd</sup> half of Summer Term

Please find below details of the Owls and Puffins trip and activities for the 2nd half of the summer term, a voluntary contribution per child would be appreciated.

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

Venue	Timing	Activity	Required	Other items	Voluntary
and Date			Clothing	required	Contribution
Jordan's Close	We will leave promptly at 9am. All children will need to be in	Pirate theme activities including:	Old clothes, old shoes (trainers, walking boots/shoes, no	Waterproof trousers (if possible) Sun hat and	£5.00
Monday 9 <sup>th</sup> July	school at 8.45am. We will be back for the end of the school day.	Walk the Plank obstacle course, Parrot art	sandals) Waterproof jacket	sun cream	

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.

Please feel free to contact Mrs Evans in confidence if you have any concerns regarding payment. Please could you complete the school permission slip and payment 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 <a href="mailto:admin@gbpa.org.uk">admin@gbpa.org.uk</a> by Wednesday 4<sup>th</sup> July.

Yours faithfully Mrs Fuller Class Teacher

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

Great Barford 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.





## **Parental Consent Form**

## Please return to the school office by Wednesday 4th July.

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

Child's Name	Activity	Date	Contribution cash/cheque	Contribution bank transfer	Authorised signature
	Jordan's Close	Monday 9 <sup>th</sup> July			
Please tick or cr	oss accordingly:				
I am available to	Jordan's Close				
I have a DBS					
I have completed	d Safeguarding trair	ning			

## **Packed Lunch**

The children will be provided with a packed lunch, and to enable us to accommodate your child's needs please complete the lunch table below showing their choice of sandwich. If your child has any special requirements please state this on the return slip.

Child's Name	Trip	Date	Ham	Cheese	Authorised Signature				
	Jordan's Close	Monday 9 <sup>th</sup> July							
My child has the following specific dietary requirements:									

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