



16th September 2019

Dear Parents/Carers

We are excited to inform you that the Year 3 children will be visiting Maidstone Museum on **Friday 4th October** as part of their learning about Ancient Egypt. This will be an exciting opportunity to enjoy a day out together as a year group, explore the Ancient Egyptian Exhibition and take part in two Egyptian workshops.

The school day will remain unchanged and children should be collected at the end of the school day as normal. Your child will need to bring a packed lunch (or request a school packed lunch below), a drink, and a lightweight rain jacket. Your child should wear his/her school uniform.

The cost of the trip will be £13.50 which includes: coach travel; a 'Marvellous Mummies' Workshop; a craft workshop and a gift from the shop (no spending money is required on the day). You will be sent a text and email inviting you to pay for this trip online.

In accordance with the school's charging policy, parents/carers are invited to make a voluntary contribution to cover the cost of this trip. Pupils who are registered with KCC for free school meals are welcome to, but not expected to, make a contribution.

Please return the permission slip below with your contribution to cover to cost of the trip by Monday 23rd September. Please indicate if you are available to accompany us on the trip and we will contact you to let you know whether we require your help with this trip.

We look forward to a fascinating day out!

The Year 3 Team

Year 3 Maidstone Museum Trip – Friday 4th October 2019

I give permission for my child _____ in the _____ class to attend the Year 3 trip to Maidstone Museum on Friday 4th October.

My child will require a packed lunch provided by Pabulum at a cost of £2.30 (unless you are entitled to Free School Meals).

I will provide a packed lunch for my child.

I am able to accompany Year 3 on the trip.

I also give permission for the teacher in charge of the group agreeing on my behalf for the administration of an anaesthetic or any other urgent medical treatment which may prove necessary.

Signed: _____ Parent/Carer Date: _____

Emergency contact number for Parent/Carer: _____