

# Kingsfleet Primary School

Ferry Road Felixstowe Suffolk IP11 9LY

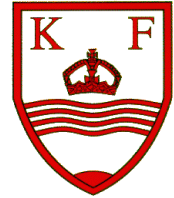
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Headteacher : Mrs K E Beattie BEd (Hons) NPQH



2<sup>nd</sup> October 2018

Dear Parent/Carer,

## Year Three trip to The Discovery Centre, St Edmundsbury Cathedral, Bury St. Edmunds

As part of our RE topic about Salvation, we have arranged for Year 3 to visit **the Discovery Centre** at St. Edmundsbury Cathedral, Bury St. Edmunds on **Thursday 11<sup>th</sup> October**.

An exciting day of activities has been organised to enable the children to explore Christian understanding of this topic through storytelling, discussion and art. We should also have time for a tour of this magnificent building

A voluntary contribution of £14.50 to cover travel and entry costs would be appreciated.

Children should arrive at school that day for 8.30 prompt; the coach will be leaving school at 8.50. We will be back before the end of the school day.

Children should wear **school uniform** and bring a **coat**. They will also need a **packed lunch** and a **water bottle**.

If your child requires a **travel pill** for the journey, please ensure this is taken in plenty of time. Any pills for the return journey must be in a named envelope and given to Mrs Rayner.

Should your child be **asthmatic**, please ensure that the necessary labelled **inhaler** is in school. Please sign and return the permission slip below by Wednesday 10<sup>th</sup> October.

Mrs Rayner & Mr Frost  
Year 3 Class teachers

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## **Kingsfleet Primary School – Year Three trip to St Edmundsbury Cathedral – Thursday 11<sup>th</sup> October.**

Child's name..... Year 3

- I give permission for my child to attend the above educational visit.
- I enclose a voluntary contribution of £14.50 cash/cheque towards the cost **OR**
- I have paid by BACS on (date) \_\_\_/\_\_\_/2018 (Sort code: 30-00-02 Account number: 04069019)
- I acknowledge that the staff will be liable in the event of any accident **only** if they have failed to take reasonable care of my child during the visit.
- I will, as parent/carer, ensure that any necessary medication is given to the trip leader along with any necessary medical information.
- My child is entitled to free school meals and I would like the school to provide a packed lunch.

Signed .....Parent/Carer Date.....



*Suffolk County Council  
Children's & Young People's Services*