

**Stuart Road Primary Academy**

**Palmerston Street**

**Stoke**

**Plymouth**

**PL1 5LL**

**Tel: 01752 567668**

**Email:** **admin@srps.plymouth.sch.uk**

**Website:** [**www.stuartroad.org**](http://www.stuartroad.org)

May 2021

Dear Parents / Carers

We are very pleased to announce an exciting year group trip, planned for your child to end what has been quite a challenging year.

Year 1 will visit the Churchwood Forest School near Wembury on Friday 16th July. We have a full day of activities planned, wild crafts, den building and campfire cooking to name a few.

Transport has been arranged to take the children to and from the Forest School. Children must be at school no later than 8.30am and will return in time to be collected at the normal time later that day.

Your child will need to take a packed lunch and drink with them. They will also require:

* Suitable closed toe footwear
* Comfortable clothes
* Jumper or cardigan
* Sun hat
* Sun cream
* A waterproof coat

The cost of this activity day is £15.00 which we have been able to subsidise for all children. Please pay a voluntary non refundable deposit of £5.00 by 28th May, should you wish your child to attend. The balance must be paid by 25th June. Payment will be taken via SchoolMoney.

Please complete the attached consent form as soon as possible and return it to the class teacher.

Yours sincerely

Ms B Nicholls

Acting Headteacher



**Year 1 Consent Form – Churchwood Forest School**

**Friday 16th July 2021**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert child’s name) to attend the Churchwood Forest School on 16/07/2021.

Does your child have any medical conditions/allergies?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any dietary requirements?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have asthma? YES NO please tick

(If yes, please ensure that you child brings their inhaler with them)

Please tick if you consent to your child receiving First Aid

Please supply emergency contacts for the day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent / Carer ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_