



The Federation of the Church Schools of Shalfleet and Yarmouth Achieving Together for a Brighter Future

The purpose of the Federation of the Church Schools of Shalfleet and Yarmouth is to educate children in an atmosphere of Christian love where all achieve the very best they can, now and throughout their lives

Headteacher Shalfleet and Yarmouth: Mrs Elizabeth Grainger BEd English (Hons)

A University of Chichester
ITT Partner School



PLEASE KEEP THIS SECTION FOR YOUR RECORDS

A University of Chichester
ITT Partner School

Date: 15th June 2022

Dear Parent/Carer

To compliment our topic we would like to take Year 4 to Robin Hill. Please find below the details:

Date of Trip	Friday 8 th July 2022
Itinerary	The children will need to be in school by 8.30am. We will walk over to Yarmouth bus station where they will catch the 8.58am public bus to Newport. We will then catch the 9.40am public bus from Newport bus station to Robin Hill. We will arrive at Robin Hill for 10am. We will then catch the 2.42pm public bus back to Newport bus station to catch the 3.15pm public bus back to Yarmouth Please collect your child from Yarmouth bus station at 3.50pm
Lunch arrangement	Please ensure your child has a packed lunch with a water bottle.
Dress code	Own clothes with sensible shoes
Spending money?	Up to £3 for an ice cream
Any other relevant information	Please ensure they are wearing sun cream and a hat or a raincoat (weather dependant)
Cost of trip	£16.71 or £7.20 (if you have a frequent visitor pass)

PLEASE MAKE SURE THAT YOU CHECK YOUR MOBILE PHONES AS ANY TRAVEL UPDATES WILL BE SENT VIA TEXT MESSAGE.

If you are happy for your child to attend, please complete the permission slip overleaf and return with full payment via Scopay by Wednesday 29th June 22. We will then assess money received against the cost of the trip to ensure that the visit is financially viable for the school to run.

Please be aware that normal school behaviour expectations apply to all trips.

Yours sincerely

G. Whitehead
Class Teacher

Shalfleet CE Primary, Station Road, Ningwood, Newport, Isle of Wight. PO30 4NN

Tel: (01983) 760269 Email: shalfleet@fosay.co.uk

Yarmouth CE Primary, Mill Road, Yarmouth, Isle of Wight. PO41 0RA

Tel: (01983) 760345 Email: yarmouth@fosay.co.uk

Website: www.fosay.co.uk





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PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO THE SCHOOL OFFICE
Year 4 Trip to Robin Hill

MEDICAL INFORMATION

Child's Name

My emergency contact name and number for this day will be.....

My child does not have any diagnosed medical conditions

My child has been diagnosed with the following medical conditions:

.....

My child does not need any medication

My child will need the following medication:

I give school my permission to administer the following dosage

Dosage: Time to be administered:

Action to be taken in case of an emergency

.....

The school should have the above medication

I will bring in the medication ready for the trip

LUNCH INFORMATION

Please supply my child with a Free school Meal packed lunch

I will provide my child with their own packed lunch.

*** I have a frequent visitor pass. The pass number is**

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DECLARATION – PLEASE READ AND DELETE WHERE APPROPRIATE

I agree/do not agree (**please circle as necessary**) to my child receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present, in his/her best interest.

I give permission/do not give permission (**please circle as necessary**) for my child to be photographed/filmed during this visit/activity (for possible use in displays/presentations & press releases).

I consent to my child taking part in this activity/visit, including any or all of the activities described.

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she must follow all directions and instructions given, as well as all rules and regulations concerning the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation, the school will not be required to refund any money.

I understand that all visits are covered by public liability insurance. I understand the extent and limitations of the insurance cover provided & that the school staff in charge of the group will take all reasonable care of my child's property, so they cannot necessarily be held responsible for any loss or damage suffered by my child during the visit. I can contact the school if I need further details.

Full name of parent/carer (print please): _____

Signed _____ Date: _____

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