



Yardley Primary School

Harvey Road, Yardley, Birmingham, B26 1TD

Tel: 0121 464 3235 Fax: 0121 464 6647

Email: enquiry@yardleyschool.com

Head Teacher: Ms G Moore

7th January 2019

Dear parent/guardian

We are planning to take Year 1 children on a visit to Blakesley Hall toy workshop, which forms part of their topic on Toys.

Class 1J and 1S will attend on Wednesday 23rd January 2019

Class 1Q and 1R will attend on Thursday 24th January 2019

The children will be walking to Blakesley Hall accompanied by staff of Yardley Primary school so there will be no transport costs. However, admission to Blakesley Hall costs £540.00. In order for this visit to take place we would like to request a parental contribution of £4.50. By law, we



are unable to insist on a contribution for an educational visit.

This is why we ask for a parental contribution to help us with the cost. However, should school receive insufficient contributions for any planned trip, we will have no choice but to cancel the trip. If you would like your child to take part in this event, please sign the consent form below and return to the school office with your parental contribution by Friday 19th January 2019.

The children will depart from school at 9.00am and will arrive back in school for the normal end of day. It will not be necessary to send any spending money. Children are required to wear school uniform and will need to wear a coat, hat, gloves and sensible shoes. A packed lunch will be required on this day but as your child is entitled to a free universal meal, school can provide a packed lunch if needed. Please indicate their need for a packed lunch on the consent form.

Yours sincerely

Mr I Jones

Year 1 Leader



Yardley Primary School - Consent Slip for Year 1 Trip to Blakesley Hall

Name of Child Class

I consent to my child taking part in the trip to Blakesley Hall as detailed in my letter of 7th January 2019 and enclose my parental contribution of £4.50.

Parental emergency contact details for day:

Name _____

Contact number _____

Any medical conditions _____

Please provide my child with a school packed lunch: please ✓ box if required

Signed (Parent/Guardian)

Dated

The information you have provided above will only be used for the purpose of this event – (only if contact is required during the event)
This information will not be used for any other purpose and will not be kept.