Clutton Primary School Station Rd Clutton Bristol BS39 5RA



Tel/Fax: 01761 452510 office@cluttonschool.com www.cluttonschool.com

Headteacher: Miss Elizabeth Ennew

'Part of the Midsomer Norton Schools' Partnership'

Wednesday 12th September 2018

Dear parents and carers,

Visit to Ufton Court

As part of this term's topic 'Vikings - traders or invaders?' I have arranged for the children of Oak class to visit Ufton Court in Reading on **Tuesday 25th September 2018**.

The children will be able to find out about how people lived during this period of our history. They will learn about key life skills and Viking leisure pursuits, as well as how to prepare for battle and the afterlife. This will be an exciting place to visit and will really bring the topic to life. On that day your child will need:

n that day your child will need:

A packed lunch. – no glass bottles or fizzy drinks.

Appropriate clothing/ footwear suitable for working outside (long trousers please).

There is no souvenir shop on site so no spending money will be required.

The children will travel to Ufton Court by coach, leaving school at 9.00am and returning at approximately 4.30pm. A voluntary contribution of $\pounds 26.00$ is requested to cover the cost of the trip; payment of which can be made via Parent Pay. (For pupils eligible for Pupil Premium or Free School Meals this is reduced to $\pounds 13.00$) Please be aware that if we do not receive enough contributions, we may need to cancel the trip.

Please complete the attached permission slip and return to school by Friday 14th September.

Yours sincerely,

Ms Orange

I give permission for my child to take part in the Y6 visit to Ufton Court on Tuesday 25^{th} September. I will be/will not be making a contribution of £26.00 to cover the cost of the trip.

If your child is in receipt of Free School Meals or Pupil Premium please tick here.

Should the necessity arise, I give permission for the member of staff in charge to authorise the use of anaesthetics or any other necessary medical treatment.

Signed----- Name of Child-----

Contact phone number-----