



St Mary's

Catholic Primary School
and Nursery

*Learning and living
together through faith
and education*

Dane Bank Avenue, Crewe,
Cheshire CW2 8AD

Telephone: 01270 685174

E: admin@stmarysrc.cheshire.sch.uk

www.stmaryscrewe.co.uk

Headteacher: Mrs S M Fau-Goodwin

Friday 25th October 2019

Dear Parents / Carers,

Educational Visit to Chester Zoo

We are writing to let you know that we have booked an educational visit to Chester Zoo for all pupils in Year 5. The visit will be on **Tuesday 10th December 2019** during normal school hours. The trip will be an excellent opportunity to support our autumn topic of animals and lifecycles.

The total cost per child will be **£7.75** which includes a rainforest workshop and the return coach travel. We have been lucky enough to secure free entrance to the zoo. If you think the trip or cost will cause any difficulties, then please do not hesitate to contact us.

Children will need to wear full **school uniform** and bring a **packed lunch** which can be ordered from our school kitchen at the usual cost of £2.20. Please remember that fizzy drinks or glass bottles are not permitted.

Please complete and return the slip and Form C overleaf together with your voluntary contribution payment in a clearly marked envelope to your child's class teacher before **Friday 29th November 2019**.

We look forward to an enjoyable and exciting visit.

Yours faithfully,

Mrs N Messenger
Y5 Class Teachers

Mrs S Landstrom

Mrs I Broughton





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Y5 VISIT TO CHESTER ZOO 2019

Child's Name:			
Class Teacher:	Mrs Landstrom <input type="checkbox"/>	Mrs Broughton <input type="checkbox"/>	Mrs Messenger <input type="checkbox"/>

My child will need a school packed lunch	Yes please		No thank you	
	Sandwich filling choice: (Please tick one)	ham	tuna	cheese

- I have enclosed my voluntary contribution payment of **£7.75**
- I have made my payment by e-payment. The reference is:
- I have completed the **Form C overleaf**
- I understand that full school uniform is to be worn
- I understand that no spending money is required

Signed Parent / Carer	
Date:	



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PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with information sheet giving full details of the visit

Establishment/Group: St. Mary's Catholic Primary School

Details of Visit to: Chester Zoo

From: **10th December** Time: **9.00am** To: **10th December** Time: **3.00pm**

I agree to _____ (name taking part in this visit)

I have read the information sheet I agree to _____'s participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

Medical information about your child

Any conditions requiring medical treatment, including medication?
YES/NO

Please outline any food or other allergies and special dietary requirements of your child:

Any recent illness or accident staff should be aware of? **YES/NO**

The type of pain/flu relief medication your child may be given if necessary:

For residential visits and exchanges only

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?

IF YES, please give brief details: **YES/NO**

Is your son/daughter allergic to any medication?
IF YES, please specify:

When did your son/daughter last have a tetanus injection:

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Name: _____

Work: _____ Home: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Email address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

As part of the activities your son/daughter/ward are involved in Cheshire East Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way? **YES / NO**

Signed: _____ Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT

YES/NO