



St Michael's Church of England Primary School
Somerville Road, Bournemouth, Dorset BH2 5LH

Tel: 01202 290497 Fax: 01202 311416

email: office@stmichaelsprimary.bournemouth.sch.uk website: www.stmichaelsprimary.bournemouth.sch.uk

Friday 2nd February 2018

Dear Parents/Carers,

We would like to inform you of an exciting trip to London that Year 6 will be attending on **Thursday 29th March 2018**. The trip will be to London, to take a tour of the Houses of Parliament. This is a fabulous opportunity to visit Parliament: an experience that few people ever get the chance to do.

In addition to the tour of Parliament, we have been offered the opportunity to attend a workshop. This will be a hands on activity designed to help the children understand the role of MPs and how central Government works.

We have managed to subsidise the cost of the coach, allowing us to offer the whole trip for **only £8 per child**.

We will be sending another letter out nearer the time to inform you of logistics such as what to take and timings.

Costs

We will be asking for a voluntary contribution of **£8** towards the cost of this trip. This will pay for the coach and other related costs. Children will not be treated differently according to whether or not their parents have made a contribution, however the activity may not be able to take place if there are insufficient funds to cover the costs two weeks prior to the trip. We would like you to use WisePay to make your contribution, for which there is a link on our website. If you cannot make a payment using WisePay, please speak to your child's class teacher so we can make alternative arrangements.

The Year 6 Team

PLEASE RETURN TO YOUR CHILD'S CLASS TEACHER BY **Friday 9th March**

I give permission for my child, _____ in class _____ to go on a trip to London. I give consent for my child to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided the school with details of all medical conditions and any treatments required to maintain health.

Signed _____ (person with parental responsibility).

I have made a voluntary contribution of _____ using WisePay. Reference number:



Company No. 9894699