## **ST MARK'S CE PRIMARY SCHOOL**

Headteacher: Ms Laura Kelsey BA (Hons), PGCE, CEPQH

Dear Parents/Carers,

## Bramble Class trip to the Wakehurst Place, Ardingly on Wednesday 26<sup>th</sup> February

To support our topic 'Amazon adventure', we are planning a trip to Wakehurst Place, Ardingly on Wednesday 26<sup>th</sup> February.

Children should wear school uniform and bring a warm, waterproof coat and suitable footwear. We will spend most of the day outside and there will be lots of walking! Children should bring a packed lunch, snack and drinks in a small rucksack or disposable carrier bag (no fizzy drinks or glass bottles please). Children may bring a digital camera (no phone cameras please) but will need to be personally responsible for them.

You are asked to make a voluntary contribution of  $\pounds 9$  per head to cover the cost of the trip. If you are unable to pay, please speak confidentially to Miss Kelsey as soon as possible. We must inform you that it will not be possible for the trip to go ahead without sufficient voluntary contributions.

You will need to transport your child to Wakehurst Place, Ardingly RH17 6TN to arrive at 9.45 am. You will also be required to collect your child from Wakehurst Place, Ardingly RH17 6TN at 3.15 pm. Please complete the slip below and return it with payment to the School Office by Friday 7<sup>th</sup> February

Yours sincerely M Button (Miss)

SANTANDER BANK DETAILS

Account name: St. Marks CE Primary School Sort code: 09 - 01 - 55 Account no.: 47094809

Please give a Payee Reference - your child's initial + surname + Wakehurst.

Bramble Class trip to the Wakehurst Place, Ardingly on Wednesday 26<sup>th</sup> February

- I give permission for my child...... to take part in the above trip
- I attach my contrition of £9 Cash/Cheque/BAC
- o I confirm I will transport my child to and from Wakehurst Place, Ardingly.
- If there are any changes to the medical details currently held by the School I will complete a new Medical Questionaire (available from the school office).

Name of Parent/Carer\_\_\_\_\_

Signature .

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