Perry Hall Primary School Colman Avenue Wednesfield Wolverhampton WV11 3RT

Tel: **01902 558538** Fax: **01902 558543**



Email: perryhallprimaryschool@wolverhampton.gov.uk Web: www.perryhall.co.uk

Executive Headteacher Miss R Kohli

Chief Executive Officer Mrs A Cheema National Teaching School designated by



6th February 2019

Dear Parent/Carer,

The children in 3SW and 3TA will be making an educational visit to Black Country Living Museum on **Wednesday 6th March** as part of their terms project work. The coach will pick up the children at 9.30 am and they will arrive back at school by the end of the school day. The cost of this visit is £14 per child.

School uniform is to be worn on the day, including a waterproof coat if possible, and sensible shoes as the children will be walking around the village for a large portion of the day. Please ensure your child has a packed lunch with a drink (no cans or glass bottles). If your child is entitled to a free school meal and you would like a packed lunch with a drink provided for them, then please indicate this on the attached slip. Children will not need to bring any spending money.

We ask that **payments for all children are made on Parentpay by Friday 1**st **March 2019**, please return the attached slip by this date also. If you need a reminder of your account activation details, please contact the school office. Please note that in the event of insufficient funds being received in advance, we may unfortunately have to take the decision to cancel the trip. If this were to happen we would, of course, refund any monies paid. However, we look forward to your ongoing support for our children as has been shown in the past.

Thank you for your co-operation.

Yours sincerely,

Miss. R. Kohli Executive Headteacher















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Black Country Living Museum – Wednesday 6th March

Name:	Class:
• do,	/do not give permission for my child to attend the above visit.
	se provide a packed lunch/drink for my child as he/she is entitled to e school meals
I hav	ve paid £14.00 on ParentPay
Medical needs:	
Emergency contact name:	
Emergency contact number:	
Signed:	Parent/Carer
Date:	













