

Perry Hall Primary School
Colman Avenue
Wednesfield
Wolverhampton
WV11 3RT



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



**National College for
Teaching & Leadership**

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

Thursday 11th April 2019

Dear Parent/Carer,

Both classes in year 5 will be visiting Safeside in Birmingham on **Tuesday 7th May** as part of the Summer Term's PSHE work. This is a fantastic opportunity for the children to learn about how to be safe in real life situations such as on public transport, in shops and by water.

On the day, we ask that the children arrive at school promptly at the usual time of 8.35am, **ready for us to leave at 8.45am**, and are collected as normal at **3.15pm from the usual collection point**.

The cost of this trip is £13.50 per child, to be paid as soon as possible through Parentpay. Please can children come in their school uniform, bringing a packed lunch along with a drink. Please do not send children with any cans, glass bottles or sports drinks. If your child receives Free School Meals then if you wish, your child will be provided with a packed lunch and a drink. Please indicate if this is required on the attached slip

All trips and residentials need to be paid in advance. Therefore, all funds need to be received by Friday 3rd May 2019. If insufficient funds are received, then the trip will unfortunately be cancelled. Please return the slip below no later than Friday 3rd May.

Any queries or concerns please do speak to your child's class teacher.
Many thanks,

Miss. R. Kohli
Executive Headteacher



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Safeside – Tuesday 7th May 2019

Name: Class:

- I **do/do not** give permission for my child to attend the above visit.
- I have paid/ will pay via ParentPay for the cost of the trip - £13.50
- I will provide a packed lunch for my child.

- My child is entitled to free school meals and so I request a packed lunch be provided by the school.

Medical needs:

Emergency contact name:

Emergency contact number:

Signed: Parent/Carer Date:.....

