



**Buttsbury Junior School**  
Norsey View Drive  
BILLERICAY  
Essex  
CM12 0QR

16 September 2019

Sample Parent

Email: [admin@buttsbury-jun.essex.sch.uk](mailto:admin@buttsbury-jun.essex.sch.uk)  
Phone: 01277623217  
Website:  
<http://www.buttsbury-jun.essex.sch.uk>

Sample Student (Year 1, Samples)

## YR 4 COLCHESTER CASTLE VISIT 11.10.19

# Yr 4 visit to Colchester Castle

Dear Parents,

As part of our History topic this term on the Roman Empire, we have organised a visit for Year 4 to Colchester Castle. The children will take part in a story tour, activity session to build a Roman roundhouse. There will also be time to tour the museum. **All classes will visit on Friday 11th October.**

We will be travelling by coach to Colchester Castle, leaving school at 9.00am. We will return to school for 3.15pm. Please arrive at school at normal time, from 8.35am. On our return, children will return to their classrooms and be dismissed from class at the end of school day at 3.15pm. Normal collection arrangements will then apply.

The cost of the visit, which includes the coach, workshops and a Goody Bag, is £17.62. The payment should be made via your child's Parentpay account. **Please complete the online permission form below by Friday 27th September.**

Children should wear normal school uniform for the visit. They will need to bring a packed lunch, healthy snack and a drink. No glass bottles, sweets or fizzy drinks are permitted. Lunches need to be in a named carrier bag. The children do not need to bring any spending money for the trip as goody bags will be provided.

Each class will need to take additional adults with them and if you are available to help then can you please indicate this on the online form. Parent helpers will be notified by Monday 30th September. Adult helpers need to be able to provide the School Office with a valid photo I.D. If you have any queries about this trip including those relating to the payment of this trip then please speak to myself or Mrs Robinson.

Yours sincerely,  
Miss G Cutmore  
Year 4 Leader

## Consent

I give permission for my child to take part in this activity and understand that they will travel by coach. I have made a payment via my child's Parentpay account.

Please type Yes or No

## Medical Conditions

Please type yes or no (If yes please give details)

## Emergency Contact Number

New Text Field

## Parental Help

I am available to help on this trip.

Please type Yes or No

**Name:**

**Date:**