

Garlinge Primary School and Nursery



Year 5 Howletts Zoo

Wednesday 3rd July

Wednesday 5th June 2019

Dear Parents and Carers,

We are writing to inform you, that as part of our Term 5 Science topic, Living Things and their Habitats', we are planning an exciting day out to Howletts Zoo on <u>Wednesday 3rd July for all Year 5 classes</u>. We will leave school promptly at <u>9.15am</u>, so children will need to arrive at school for <u>8.45am</u> and will return in time for the end of the school day.

Children must wear their school uniform and bring a light raincoat. As there is a large amount of walking at the zoo, we suggest the children wear sensible shoes. Trainers are acceptable. Should we have fine weather, we would also advise that children bring a sun hat and to wear sun lotion; this should be applied at home. Your child will require a packed lunch for the day and a spare bottle of water. If your child usually has a **free** school meal and you would like a packed lunch provided, then please indicate on the slip below. Please also ensure that your child wears appropriate footwear and brings a waterproof coat in case of inclement weather. Spending money of up to £5.00 in a sealed envelope or named purse may be brought on the day, to spend in the gift shop if you wish. Children will be responsible for their own money on the day.

There is no charge for this trip, but we do need you to complete the permission slip at the bottom of this letter. This needs to be returned to **your child's class teacher by no later Friday 21**st **June**.

If you have any other queries, please speak to your child's class teacher.

If you have any questions about the day, do please ask one of us.

Yours faithfully,

Miss Griffin/ Mrs Demetriou Year 5 Class Teachers.	Mrs Pointer	Mrs Billinghurst	Mrs McGrath
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My child	usually has a free schoo	dinner and I would like a pacl	ked lunch provided.
	My child is allo	wed to walk home (please tick).
trea	atment, as considered ne	e as instructed and any emerg ecessary by the medical autho Blood Transfusions	ency dental, medical or surgical rities present. (Please tick)

Signed Please Print Name Parent / Carer