



# Carrington Junior School

Head Teacher: Mrs A Majcher

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## EDUCATIONAL VISIT 7<sup>th</sup> May 2019

Dear Parents/carers,

This year, Year 5 has the opportunity to visit Hazard Alley Safety Centre in Milton Keynes. This is an excellent opportunity for children to experience the potential dangers of their surroundings, and to learn valuable skills, such as phoning the emergency services and what to do in event of fire, etc. Please see the website for further details <http://www.safetycentre.co.uk>. The children will need to wear their school uniform although they will be taught the recovery position, so long trousers are recommended (for girls and boys).

The trip will take place on Tuesday 7<sup>th</sup> May and we would ask that children arrive at school at 8.15am, ready for a prompt departure at 8.30am. We were able to secure some funding from Bucks CC for this trip but this does not cover the entirety of the trip; a cost of **£10.00** per child remains. Under the terms of the Education Reform Act, parents are invited to make a voluntary contribution to cover the cost of the visit. Please note that if there are insufficient contributions the visit may have to be cancelled. In cases of financial hardship parents are invited to contact the Headteacher in confidence. Payment is due in by Friday 3<sup>rd</sup> May at the latest.

**DATE OF VISIT: Tuesday 7<sup>th</sup> May**

**CHILDREN SHOULD BE IN SCHOOL FOR REGISTRATION AT 8.15 AM.**

**TIME LEAVING SCHOOL: 8.30 am**

**RETURN TIME TO SCHOOL: 3.00 pm**

**METHOD OF TRANSPORT: Coach**

**CHILDREN SHOULD WEAR: School uniform with long trousers strongly recommended**

**CHILDREN WILL NEED TO TAKE: Packed lunch**

**COST: £10.00**

We trust that an enjoyable and worthwhile time will be had by all.

Yours sincerely,

Mrs Randall, Mrs Shiraz and Mrs Anstiss

Y5 Class Teachers

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### Educational Visit to Hazard Alley Safety Centre, Milton Keynes, 7<sup>th</sup> May 2019

Name of Child: \_\_\_\_\_

\* I agree to my child taking part in the visit outlined above.

\* I support the need for obedience and responsible behaviour on his/her part.

\* To the best of my knowledge my child is not suffering from any medical condition which would prevent him/her from participating in the visit. I agree to my son/daughter receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities.

\* Please detail any conditions requiring medical treatment overleaf, together with medication required.

\* The name, address and telephone number of the Family Doctor is: \_\_\_\_\_

\* I may be contacted by telephoning the following numbers: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

\* Further contact numbers may be listed overleaf.

\* ☐ I have paid £10.00 via ePay

Signed: \_\_\_\_\_ Date: \_\_\_\_\_