

29 January 2018

Dear Parent/Carer

PLACE AND DATE OF VISIT

We are pleased to be able to offer your child the opportunity to participate in the educational activity outlined below. Please complete the permission slip and return it as detailed. If you have any further questions please do not hesitate to contact your child's class teacher.

Yours sincerely

Ms. A.M Conboy
Headteacher

EDUCATIONAL VISIT/SPORTING EVENT

Visit Name and location	Lovell Manchester, Ground Floor, St John's House, Barrington Road, Altrincham WA14 1JY
Date and Time	Thursday, 15 th February 2018 9.15am – 3.00pm
Lead Staff Member	Mrs A Killeen
Transport	Coach
Cost	None
Other essential information	All children are required to wear school uniform on the day. Lunch will be provided for the children on this visit.

Reply slips should be returned to the office by: **Friday, 9th February 2018**

✂-----

Permission Slip: on: **Thursday, 15th February 2018**

I would like my child: **First Name** _____ **Last Name** _____ **Class/Teacher** _____
to visit **Altrincham Lovell Manchester**

Parent/Carer Signature _____

Medical Conditions _____

Emergency Contact Numbers 1) _____

2) _____