

4 May 2017

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	The Jewish Museum 190 Cheetham Hill Road, Manchester M8 8LW
Date and Time	Monday, 15 th May 2017 9.30am – 12.30pm
Lead Staff Member	Ms K Wood
Transport	Coach
Cost	£4.00
Other essential information	All children are required to wear school uniform on the day.

Reply slips should be returned to the class teacher by **Thursday 11th May 2017**

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Permission Slip: on **Monday, 15th May 2017**

I would like my child _____ Class 1KW to visit **The Jewish Museum**

I enclose the contribution of **£4.00**

Parent/Carer Signature _____

Medical Conditions _____

Emergency Contact Numbers 1) _____

2) _____