



ENGLISH MARTYRS'

CATHOLIC VOLUNTARY ACADEMY

11<sup>th</sup> September 2017

Dear Parents and Carers,

As part of our space topic, we are aiming to take the Year 5 & 6 children to the National Space Centre. This is a fantastic opportunity to consolidate our work in class about space in an innovative way. There will also be workshops for the children to take part in, as well as exploring the centre.

**Venue:** National Space Centre, Leicester

**Date:** Tuesday 10<sup>th</sup> October 2017

**Time:** The children will be leaving school at 9.15am and travelling to the Space Centre by coach. They will be back at school at 4.15pm, please make arrangements to collect your child at this time.

**Cost:** The visit is kindly being subsidised by funds from the FEM but we are asking for a voluntary contribution of £15.00 towards the entrance fee and transport.

**Additional information:** Please send your child to school on the day with a packed lunch and a non-fizzy drink in a plastic sports bottle. They will not need any spending money. They should wear their school uniform and bring a waterproof coat.

For the trip to go ahead, we will need some additional adult helpers. If you would like to accompany us on the visit, please let your child's teacher know as soon as possible. If we get more offers than needed, we will draw names from a hat.

Please complete the reply slip below and return to school by Monday 2<sup>nd</sup> October 2017.

Many thanks,

**Miss Mannion, Miss Macdonald, Mrs Gooden and Miss Pugh**

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**ENGLISH MARTYRS' CATHOLIC VOLUNTARY ACADEMY  
 CONSENT FORM FOR JOURNEYS INVOLVING TRANSPORT**

Name of pupil.....

Class .....

**Journey to National Space Centre**

**Date of visit: 10<sup>th</sup> October 2017**

I have read the information regarding the proposed visit and am aware that my son/daughter will be involved in the activities as above. I understand that should medical treatment be necessary, every effort will be made to obtain my consent. However, in an emergency I authorise the party leaders to consent on my behalf to any medical treatment that a qualified doctor feels is necessary (this could include inoculations, blood transfusions, surgery or the use of anaesthetics).

Has your son/daughter received a tetanus injection in the last five years?

Yes/No

A contribution of £..... has been paid online on .....(Date)

I enclose a contribution of £..... (Cheques payable to English Martyrs' Academy)

My child has free school meals and I would like the school to provide a packed lunch

Yes/No

I am available to help on the day of the visit

I will arrange to collect my child at 4.15pm

Signed .....Contact telephone number for day of the visit.....