



CHURCHFIELDS PRIMARY SCHOOL



School Street, Chesterton, Newcastle under Lyme, Staffs ST5 7HY

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Headteacher: Mrs D Beardsmore BA (Hons)

Deputy Headteacher: Mrs C Pattison BA (Hons)

“Be the best you can be”

Outstanding across all four areas, Ofsted: July 2015

13th June 2018

Dear Parents and carers,

It isn't many days now until we go to London. Here is the final information:

A coach has been booked to take us from school to Stoke station. We will be leaving school at **8:00** so please make sure your child is at school by **07:50**.

I will send regular text updates throughout the day. In case of emergency please phone **01782567433** as this will be directed to my mobile phone. **This should only be used in an emergency.**

A reminder that children should only bring between £30 and £100 and this will be kept safe by the teacher they are allocated to spend time with. Your child will need to get lunch on all three days.

We will take Calpol and paracetamol with us. Please sign below if you are happy for us to give these to your child as and when needed.

If your child requires any further medication, please complete the sheet attached with the details

When we return we will be picked up from Stoke station and returned to school. I will send a text as we leave Stoke Station.

Thanks for your continued support.

Diane Beardsmore
Headteacher

London Trip 18th June – 20th June

I understand that my child needs to be at school for 07:50 on Monday 18th June 2018

I understand that my child will be allocated a keyworker who will be responsible for the money they choose to bring. I understand my child must follow the instructions of the member of staff.

I am / am not happy for you to give my child Calpol / paracetamol (please make this very clear)

My child will bring the following medication:

A medication form has been completed with details on.

My child can bring their mobile phone, however it is **their responsibility** (there is Wi-Fi in the hotel.)

I have the programme for the three days – this was given in the meeting on Thursday

Childs name: _____

Signed: _____

Please print name: _____

(This must be someone with parental responsibility)

Date: _____

Any Additional information:
