

SIBFORD GOWER ENDOWED PRIMARY SCHOOL

Acre Ditch, Sibford Gower, Banbury, OX15 5RW

Tel: 01295 780270 Email: office.3005@sibford-gower.oxon.sch.uk

Headteacher: **Ms Jane O'Sullivan**



Tuesday 2nd February 2016

Dear Parents and Carers,

As part of our topic of 'Towers, Turrets and Tunnels' which the children are thoroughly enjoying this term, we are taking all the children in Acorn and Beech class to 'Oxford Castle Unlocked' in Oxford. Due to having Healthy Week and Weather week also this term, we are continuing the topic after half term and so have booked this exciting visit for **Friday 4th March 2016**. Both classes will take part in a workshop based on 'King of the Castle' and a guided tour about the history of the castle.

For the trip your child will be provided with a packed lunch if they usually have a hot school meal from Fresh Start Catering. This will consist of a sandwich (ham, cheese or egg mayo*), a piece of cake, fruit and vegetable sticks. **You will need to provide a non-fizzy drink (in a plastic bottle please)**. Your child will need a coat and their usual outdoor footwear.

The coach will leave after normal registration time and return in time for the end of the school day.

Please can all children wear their school uniform.

We are requesting a voluntary contribution of £9.37 (£3.12 for the transport + £6.25 castle entrance, workshops & tour) If paying by cheque, please make payable to **Warriner Mat Sibford Primary School**. Please could you also complete the form below to give permission for your child to attend this visit and return it to school **by Friday 12th February 2016** along with your voluntary contribution. Unfortunately if we have insufficient contributions we may have to cancel the trip.

Yours faithfully,

Miss Blake and Miss Kempson

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NAME OF CHILD/REN **CLASS**

ACORN & BEECH VISIT TO OXFORD CASTLE - FRIDAY 4TH MARCH 2016

Parental/Guardian Consent Form

I have read the proposed itinerary, activities, financial and general information for this visit and agree to my son/daughter named above attending and participating fully in the proposed activities.

I agree to my son/daughter receiving any and all emergency medical treatment, including anesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance should the need arise.

I understand that all reasonable care will be taken to ensure the safety of my son/daughter. I accept that the School's insurance does not cover personal accident or injury or damage/loss to personal property unless it can be shown that this is due to negligence of the School's employees, helpers and assistants. I understand that insurance against personal accident and loss or damage to personal property is my responsibility.

I enclose a voluntary contribution of £9.37 YES/NO*

*My child would like cheese/ham/egg mayonnaise (Please delete to show choice)

Signed Date
(Parent or Guardian)

Name (Please print):.....
