



4th July 2019

Dear Parents and Carers

Year 5

I am pleased to tell you that we have booked a Year 5 residential trip to [REDACTED] for Wednesday 6th November to Friday 8th November. This is a little earlier in the year than anticipated because the timing is linked to the theatre programme. The trip offers an enjoyable and intensely exciting learning experience as well as the opportunity to develop each child's independence and self-organisational skills. We do hope that your child will be able to join us.

We have done our best to keep the cost of the trip as low as possible at **£160**. This includes 2 nights accommodation, meals and snacks (children will need to bring a packed lunch on the first day), dedicated coach transport for the whole three days, and all tickets and entrance fees. Please see the itinerary below. The children will be accompanied by at least four school staff members.

Wednesday	Thursday	Friday
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

The school has been assigned its own accommodation in two dormitories – one for boys and one for girls at the [REDACTED]. Adults will be accommodated in separate but adjacent rooms. Further information regarding the hostel can be found at www.yha.org.uk/hostel/yha-cardiff-central

An information session to answer any queries you may have about the trip prior to paying the deposit will be held after school on **Monday 15th July** in Year 5 by Miss Saunders. If you have any questions but are unable to attend the session, please request a phone call via Mrs Gale in the office or speak to Mrs Saunders directly.

To secure your child's place on the trip a deposit payment of £50 is required by the 11th September. Please note this deposit payment is paid straight to the theatre and youth hostel, and therefore is **non-refundable in any circumstances.** Monthly payments are then required to ensure that the total sum is paid well in advance of the trip. With effect from September 2019 the school will be a cashless school. All payments must be made online. You will receive an email in early September informing you of how to make payment. If you have not already given your email address to the school or have recently changed your email address please inform the office.

Our Lady of the Angels Catholic Primary School, Queensway, Torquay TQ2 6DB
Tel: 01803 613095 Email: admin@olota.uk
Website: www.ourladyoftheangels.eschools.co.uk

Our Lady of the Angels Catholic Primary School is committed to safeguarding children.

The school will fund the complete cost of the trip for any children that are currently in receipt of Free School Meals but the attached form must be completed and returned by **11th September** to secure a place.

Payment must be made in full by Monday 29th October 2019. If payment is not made in full by this date, your child will not be able to attend. If subsequently the school is charged by the provider for your child's place due to late cancellation, payments made to the school by this date will be lost, and you may still be liable for further payments. We do not wish children to miss out due to financial constraints, so if this is a concern to you, please make an appointment to speak to Mrs Harding in confidence.

We look forward to a highly memorable time together.

With best wishes

A handwritten signature in black ink that reads "A. Harding". The signature is written in a cursive style with a large, looped 'A' and a trailing flourish.

Mrs Harding
Headteacher

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Please return to the school office by 6 September 2019.

Y5 [REDACTED] 2019

Child's name: _____

I wish to reserve a place for my child on the trip ☐ Yes ☐ No

I have paid a £50 deposit to secure their place. ☐ Yes ☐ No

My child is currently in receipt of free school meals. ☐ Yes ☐ No

Please list any dietary needs or allergies that your child has (e.g vegetarian, food intolerances):

Please list any medication (apart from Calpol – see below) and the dosage that your child **will** or **may** need:

Please list any medical needs or issues (e.g bed wetting / sleep walking) that we should be aware of:

Is there any other information that we should know about your child?

Please include the name and address of your child's doctor and surgery.

Please turn over.

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I do/do not* give permission for my child to be administered Calpol should the lead teacher feel it appropriate.

I give permission for my child to be administered first aid in the event of an emergency.

Parent's Names: _____

Parent's Signature: _____ Home number: _____

Mobile number 1: _____ Mobile number 2: _____

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