

*'Live Fully, Laugh Often, Learn Deeply,
Love as God Loves You and Let Your Light Shine!'*

Essex County Council

**The Bishops' C of E & R C
(Voluntary Aided) Primary School**
Beardsley Drive Springfield Chelmsford CM1 6ZQ



Head Teacher Mr G Waters
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14th February 2020

Dear Parents/Carers,

We have arranged a trip to **Hedingham Castle** for all our Year 2 children for **Thursday 26th March 2020**. This is part of our topic for this term on 'Here is the News!' Our learning will be led by the 'Hands on the Past' team and will include a variety of activities throughout the day.

The coach will leave promptly at 9.15am and we will be returning to school in time for the end of the school day.

Your child will need to wear their school uniform on the day – we suggest that girls might prefer to wear trousers or leggings for the trip and everyone will need comfortable walking shoes and a weatherproof coat. Your child will also need to bring a packed lunch, which should include a non-fizzy drink. Please ensure that the drink is in a plastic container and do not send any sweets. Please put everything in a backpack.

We would ask for a contribution of £17 towards the cost of the trip, which includes the coach and the activities. Please make payment and give consent online via Scopay.com, or complete and return the permission slip overleaf, by **13th March 2020**, as the Financial Year ends soon and we would like to clear this account prior to that. We will require a small number of parent helpers per class, so please let us know if you are available to help on the day. In the event of having a lot of volunteers, the class teacher will let you know as soon as possible, if you are chosen to come with us.

Thank you.

Yours sincerely,

Mrs P Child and Mrs A Muir
Year 2 Teachers



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Child's Name **Class**

I give permission for my child to attend the **Year 2 trip to Hedingham Castle** on **Thursday 26th March 2020.**

I have made payment of £17 online* / I enclose payment of £17*
(*Please tick one box.)

I am available to help on the day

Emergency Contact No:

Signed: Date:

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