



23rd April 2018

Dear Parent/Carer

NATURAL HISTORY MUSEUM – MONDAY 30TH APRIL 2018 : YEAR 8

The Natural History Museum exhibits a vast range of specimens from various segments of natural history. Students will learn about a huge range of topics including: volcanos, earthquakes, pollution, Neanderthal man, dinosaurs, whales and insects. The museum is home to life and earth science specimens comprising some 80 million items within five main collections: botany (plants), entomology (insects), mineralogy (geology, chemistry and physics) palaeontology (dinosaurs etc.) and zoology (animals). This is a wonderful opportunity that should not be missed! This is full-day trip as students will leave at 9:30am and return to school at 3:30pm. The students will be accompanied by 3 members of staff and additional staff for the whole duration of the trip. The cost of the trip will be £3.00.

Details of the trip:

- Venue: National History Museum Cromwell Road London SW7 5BD
Date(s): Monday 30th April 2018
Time: 9am leave, Return 3.30pm
Travel arrangements: Bus and Train
Cost: £3.00
Meals: Students should bring a packed lunch with them. Those students on Free School Meals, lunch will be provided.
Special Clothing: School Uniform must be worn

Please be assured that the students will be accompanied to and from the venue, as well as being fully supervised for the entire trip. If there are any concerns regarding the trip, please feel free to contact me, Mr Parker on the above number.

Please complete the attached reply slip below and return it to me by Thursday 26th April 2018. Please Note: No child will be allowed to attend the trip without a completed reply slip. Please also note that only students with good behaviour will be permitted to attend a trip.

Yours faithfully

Mr A Akinola
Pastoral Support Manager - Year 8

REPLY SLIP: NATURAL HISTORY - PLEASE RETURN TO MR PARKER BY 26TH APRIL 2018

I give permission for my child to attend the trip to The Natural History Museum

Student Name:..... Form:.....
(please print)

Medical Condition/Allergies:.....

Emergency Contact Name and Relationship to Child:.....

Emergency Contact Number:.....

Please tick one of the boxes below

- My child will be collected from school
My child will make their own way home

Signed:..... (Parent/Carer) Date:.....

