



1st May 2018

Dear Parent/Carer

YOUNG CITY POETS – BARBICAN CENTRE

Your child has been selected to attend a trip to the Barbican on 6th June 2018 as part of a National Literacy Trust project. The purpose of this project is to provide enjoyable cultural experiences which can be used as a stimulus for writing poetry. Cultural venues and heritage sites provide rich opportunities for creativity and learning.

The pupils will be exploring the Barbican Centre with myself and a member of staff from the educational team at the Barbican. They will be using the experience as a stimulus for poetry writing.

Following the trip pupils will be writing their own poetry within the classroom where they will be encouraged to develop a curiosity about poems and how they work, a willingness to play with language and a desire to communicate ideas and discover and define their individual poetry style.

Details of the trip:

| | |
|-----------------------------|--|
| Venue: | Barbican Centre, Silk Street, London EC2Y 8DS |
| Date(s): | Wednesday 6 th June 2018 |
| Time: | 9.30am – 3pm |
| Travel arrangements: | Travel from school by bus |
| Cost: | FREE. Please ensure pupils have their Oyster cards. |
| Meals: | Pupils should bring a pack lunch. |
| Special Clothing: | School uniform |

Please complete the attached reply slip below and return it to me by Friday 4th May 2018. The students will be brought back to school once the event is over; however, if you are happy for your child to make their own way home, please also specify on the slip below. **Please Note: No child will be allowed to attend the trip without a completed reply slip.**

Yours faithfully

Ms K Hayward
English Teacher

YOUNG CITY POETS – BARBICAN CENTRE **PLEASE RETURN TO MS HAYWARD**

I give permission for my child to attend the trip to the Young City Poets trip on Wednesday 6th June 2018.

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

Medical Condition/Allergies:.....

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

Emergency Contact Number:.....

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

PLEASE INDICATE IF YOU ARE HAPPY FOR YOUR CHILD TO MAKE THEIR OWN WAY HOME FROM THE BUS STOP: YES / NO (Delete as applicable)

