

www.cardinalpole.co.uk

Executive Headteacher: Ms J Heffernan Associate Headteacher: Ms P Whyte Follow us on Twitter @CardinalPoleRC Email: enquiries@cardinalpole.co.uk

11th June 2018

Dear Parent/Carer

YEAR 7 REWARD TRIP TO THE MUSEUM OF LONDON

Your child has been selected to attend a reward trip to the Museum of London for a study day on the History of London. Your child was selected of their consistently excellent behaviour and the trip is designed to recognise and reward the students' commitment to their learning.

Students will travel to and from the Museum of London by bus and they will be spending the day exploring London's past. They will have their lunch at the museum so will need a packed lunch. During the day they will attend an object handling session, where they are able to work with objects from London's past, they will also be exploring the varied galleries of the Museum of London.

Venue:	Museum of London	
Date(s):	Wednesday 27th th June 2018	
Time:	9am-3pm	
Travel arrangements:	Students will travel by bus to the Museum of London so will need to bring their Oyster card for free travel	
Cost:	Free	
Meals:	All students will need a packed lunch and a bottle of water. Free school meal students will have their lunch provided.	

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, on the above number.

Please complete the attached reply slip below and return it to by Friday 15th June 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

Ms A Holmes Head of History

<u>REPLY SLIP: MUSEUM OF LONDON REWARD TRIP</u> <u>PLEASE RETURN TO THE OFFICE BY FRIDAY 15TH JUNE 2018</u> I give permission for my child to attend the trip to the Museum of London on 27 th June 2018.		
Medical Condition/Allergies:		
My child is on free school meals: YES/NO (please circle one)		
Emergency Contact Name and Relationship to Child:	Contact Number:	
Please tick <u>one</u> of the boxes below		
My child will be collected from school		
My child will make their own way home		
Signed:	Date:	

