

WEST SUSSEX COUNTY COUNCIL
SOUTHBOURNE JUNIOR SCHOOL

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Headteacher : Mrs L. Gasser, BEd (Hons), NPQH

4th December 2023

Dear Parents and Carers,

As part of our spring science topic 'What is in our solar system?', we are arranging a visit to South Downs Planetarium on Wednesday 24th January. During the visit, the children will take part in a workshop to enhance their understanding of Earth and Space. This is an exciting way to immerse children in their learning and help them to develop their knowledge about our solar system.

Please provide your child with a packed lunch and plenty to drink - no fizzy / energy drinks. **If your child is eligible for a Free School Meal and you would like to order a school packed lunch you can do this through the Parent Pay ordering system – please speak to the school office if you are unsure. Free School Meals packed lunch for the trip will need to be booked on Parent Pay by 4th January 2024.**

Your child will need to wear a school uniform for this visit. Please also ensure your child has a coat, as we will be walking from the train station to the planetarium and that they have a bag in which they can carry their lunch.

We are asking for a voluntary contribution of £7.80, to include train travel and the workshop at the venue, which is led by experienced and knowledgeable staff. Please return the permission slip and contribution to the office in a named envelope by Monday 15th January. **Please note that if we do not receive sufficient funds the trip will be cancelled.**

If you have further questions, please contact your child's class teacher.

Yours sincerely,
Miss Duncan and Mr Harper

Y5 Visit to South Downs Planetarium – Wednesday 24th January 2024

I am willing for my child _____ in Class _____
to take part in the above visit.

I understand that, while the school and helpers in charge of the party will take all reasonable care of the children, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my child arising during or out of the journey.

My child has * no illness or physical disability
* the following illness or physical disability: _____
which necessitates the following medical treatment: _____

I consent to any emergency medical treatment necessary during the course of the visit.

Signed: _____ Parent / Guardian. Date: _____

Contact telephone number _____

