

WEST SUSSEX COUNTY COUNCIL
SOUTHBOURNE JUNIOR SCHOOL

New Road, Southbourne, Emsworth, Hants. PO10 8JX



Telephone : 01243 375878
e-mail : office@southbournejuniors.co.uk
Headteacher : Mrs L. Gasser, BEd (Hons), NPQH

13th October 2025

Dear Parents/ Carers,

On **Tuesday 11th November**, Year 6 will be visiting Fort Nelson for an immersive WW2 experience as part of our History learning journey 'Why was winning the Battle of Britain in 1940 so important?' Through role play, storytelling and object handling, the children will learn more about life for different groups of people during WW2, as well as why Portsmouth needed to be protected. We will leave school around 9.15am and return by the end of the school day.

Children will need to wear their school uniform, but they should wear trainers or walking boots: please ensure that your child also has a warm, waterproof coat in case of rainy weather. It can become very cold at Fort Nelson, so gloves and hats and layers under uniform are advisable.

Children will also need to bring a packed lunch: no glass bottles or fizzy drinks please. 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 Friday 24th October.

In order for these educational visits to take place, we are asking for a voluntary contribution of £17.95. Please return the permission slip and payment by Thursday 23rd October: **please be aware that if we do not have enough contributions by this date we will have to cancel the trip.**

Yours sincerely,

Mr Harper and Mrs Hodgson

Y6 Visit to Fort Nelson – Tuesday 11th November 2025

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: _____

(* Please delete as necessary).

Contact telephone number _____