



Merrydale Junior School

Be the Best you can Be!



Headteacher: Catriona Mugglestone

Deputy Head: Antony Corbett

10th January 2020

The Warning Zone

DATE:	3 rd March 2020
CLASS:	Year 6
VISIT TO:	The Warning Zone – Frog Island
PURPOSE / AIM OF VISIT:	To develop our understanding of life skills, E-safety, Road Safety etc...
TIME OF DEPARTURE:	9am
TIME OF RETURN:	3pm
DRESS:	<ul style="list-style-type: none">• Uniform.• Warm clothes, water proof coat, sensible shoes.
FOOD ARRANGEMENTS:	Packed lunch (no fizzy drinks or glass bottles) and no sweets. Children who receive free school meals will get a packed lunch provided
OTHER:	Please do not send your child with any money as there is no gift shop and there will be no opportunity to spend it.

The cost of this trip is **£10.00** per child – this will cover the cost of entry into the Warning Zone. Fundraising has covered the costs of transport. If your child is eligible for pupil premium, then please only pay 50% of the total cost. Please note that if we do not receive enough voluntary contributions the trip may have to be cancelled.

Please complete the attached slip and return it to school as soon as possible and no later than Tuesday 25th February 2020. Payment for this trip can be made on ParentPay (our preferred method of payment) or by cash or cheque when sending in the form.

If you have any questions concerning this trip, please do not hesitate to speak to the Year 6 teachers or Mrs O'Connor, Family Support Worker.

Thank you in anticipation of your support.

Yours sincerely

Merrydale Junior School – Year 6



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DATE:	3 rd March 2020
VISIT TO:	The Warning Zone – Frog Island
NAME OF CHILD:	
CLASS:	
MEDICAL/DIETARY REQUIREMENTS:	
EMERGENCY CONTRACT NAME:	
EMERGENCY CONTACT NUMBER:	

Please tick ONE box only

I have paid my voluntary contribution on ParentPay (our preferred method of payment)	<input type="checkbox"/>
I enclose my voluntary contribution (cash or cheque)	<input type="checkbox"/>

I give permission for my child to attend the above trip.

Signed by the person with legal responsibility for the young person:	
Name:	
Date:	

PLEASE MAKE YOUR CONTRIBUTION THROUGH PARENTPAY OR SEND A MONETARY CONTRIBUTION WHEN RETURNING THIS REPLY SLIP