

Dear Parent/Carer

Owls/Puffins Trips for 1st half of Summer Term

Please find below details of the Owls and Puffins trip and activities for the 1st half of the summer term, a voluntary contribution per child would be appreciated.

Unfortunately, due to the increase in the costs involved, if we do not receive enough contributions the activity will be cancelled.

Venue	Timing	Activity	Required	Other items	Voluntary
and Date			Clothing	required	Contribution
	We will leave	Bug's life day	Old clothes	Waterproof	
Jordan's	promptly at 9am.	including;	including:	trousers (if	
Close	All children will	cooking,	Long sleeve tops,	possible)	£5.00
	need to be in	a bug hunt and	Full length	Sun hat and	
Monday	school at 8.45am.	a craft activity.	trousers, old	sun cream	
21 st May	We will be back		shoes (trainers,		
	for the end of the		walking		
	school day.		boots/shoes, no		
			sandals)		
			Waterproof jacket		

Payments can be made by cash or cheque (payable to Great Barford Primary Academy) or by direct payment to the school NATWEST bank account.

Account name: Great Barford Primary Academy

Sort Code: 60-02-13 **Account number**: 71205462 Please reference your payment with your child's name.

Please feel free to contact Mrs Evans in confidence if you have any concerns regarding payment. Please could you complete the school permission slip and payment return it to the school office in an envelope with your child's name, class and trip name or if you are making a direct payment please email your permission slip to admin@gbpa.org.uk by Friday 4th May.

Yours faithfully Mrs Fuller Class Teacher

Great Barford Primary Academy
Silver Street, Great Barford Beds, MK44 3JU Tel: 01234 870342 E-mail:admin@gbpa.org.uk

Great Barford Primary Academy is part of Unity Church of England Academy Trust, a charitable company limited by guarantee and registered in England and Wales with company number 7563436.





Parental Consent Form

Please return to the school office by Friday 4th May.

Having read all the information provided, I agree to my child taking part in any or all of the activities described.

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Child's Name	Activity	Date	Contribution cash/cheque	Contribution bank transfer	Authorised signature
	Jordan's Close	Monday 21 st May			
Please tick or cro	ss accordingly:				
I am available to	Jordan's Close				
I have a DBS					
I have completed					

Packed Lunch

The children will be provided with a packed lunch, and to enable us to accommodate your child's needs please complete the lunch table below showing their choice of sandwich. If your child has any special requirements please state this on the return slip.

Child's Name	Trip	Date	Ham	Cheese	Authorised Signature
	Jordan's Close	Monday 21 st May			

My child has the following specific dietary requirements:								
my office field wing specific dictary requirements.								
		D	lagge tight	or cross acco	ordinaly:			
			1222 III K (11 11 11 12 2 21 11 1	11 (111 1(11 1/			

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