



Dear Parent/Carer

**Robins Trips for 2<sup>nd</sup> half of Summer Term**

Please find below details of the Robin’s trips and activities for the 2nd part 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 may have to be cancelled.

Venue and Date	Timing	Activity	Required Clothing	Other items required	Voluntary contribution
Jordan’s Close  <b>Wednesday 11<sup>th</sup> July</b>	We will leave promptly at 9am. All children will need to be in school at 8.45am. We will be back for the end of the school day.	The activities will be inspired by our new topic dinosaurs and will include: Scavenger hunt, natural art, team challenges, orienteering and cooking.	Old clothes - Old shoes (trainers, walking boots/shoes, no sandals) Waterproof Jacket and waterproof trousers if possible	Sun hat, sun cream Named water bottle	£3.50

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](mailto:admin@gbpa.org.uk) by **Wednesday 4<sup>th</sup> July**.

Yours faithfully  
Mrs Buckingham  
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 Wednesday 4<sup>th</sup> July.**

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

Child's Name	Activity	Date	Contribution cash/cheque	Contribution bank transfer	Authorised signature
	Jordan's Close	Wednesday 11 <sup>th</sup> July			

**Packed Lunch**

The children will be provided with a packed lunch and to enable us to accomadate your child's needs please complete both the lunch table bellow showing your child's choice of sandwich. If your child has any special requirements please state this below.

Child's Name	Activity	Date	Ham	Cheese	Authorised Signature
	Jordan's Close	Wednesday 11 <sup>th</sup> July			

**My child has the following specific dietary requirements:** .....

.....  
 .....

**Please tick or cross accordingly:**

- I am available to help with Jordan's Close
- I have a DBS
- I have completed Safeguarding training

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