



Christchurch Primary School

(Church in Wales Voluntary Aided)



Headteacher: Mrs Helen-Marie Davies, B.Ed., M.Ed.

11th January 2019

Dear Parent/Guardian,

As part of your child's education and following our topic "Living Things", Years 1 and 2 will be visiting the Glynn Vivian Art Gallery, Swansea on Wednesday, 30th January 2019. There will be a tour of the Gallery and after lunch, the children will be working with an Artist. We will be leaving school at 9.30am by bus and return at 2.30pm. The cost of the trip is £3.00.

This trip is on your child's sQuid account for you to view and to make the necessary payment in full by Friday, 25th January 2019.

Alternatively, you may pay by cash in an envelope clearly labelled.

(Please tick if you are paying by cash or sQuid)

sQuid ☐

cash ☐

Your child will need a packed lunch. (If you are in receipt of free school meals and have requested the school provide lunch, one will be ordered for you). Your child must wear school uniform and wear a suitable jacket.

Please complete and return the attached consent form and make the necessary payment as soon as possible. If we do not receive your child's consent, they will be unable to take part.

Diolch yn fawr,

Mrs H M Davies
Head Teacher



Address: Rodney Street, Sandfields, Swansea, SA1 3UA

Email: christchurch.primary@swansea-edunet.gov.uk

Website: www.christchurch.swansea.sch.uk

☎ 01792 510900





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Consent Form	
Activity/Visit	<i>Gallery/Working with an Artist</i>
Venue	<i>Glynn Vivian Art Gallery, Swansea</i>
Date	<i>Wednesday, 30th January 2019 (9.30pm-2.30pm)</i>
Name of Pupil	
Emergency contact 1	
Name	
Address	
Phone Number	
Emergency contact 2	
Name	
Address	
Phone Number	
Family Doctor	
Name	
Address	
Phone Number	
Medical Information	
Does your child suffer from any medical conditions requiring medical treatment, including medication?	Yes/No (If so, please give brief details)
Please outline any dietary requirements of your child	
I agree to my child taking part in this visit and have read the information. I agree to his/her participation in any or all the activities described. I acknowledge the need for responsible behaviour on his/her part. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.	
SIGNED:	
DATE:	



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