



Scotch Orchard Primary School
Scotch Orchard
Lichfield
Staffordshire
WS13 6DE

Telephone: 01543 227400
E-mail: office@scotchorchard.staffs.sch.uk

Headteacher Mrs. J. Bishop

Thursday 16th June 2022

Dear Parents/Carers,

EYFS Trip 7th July 2022

As part of our topic on 'Dreams, Hopes and New Beginnings', we have arranged to visit the Children's Play Village on **Thursday 7th July 2022** for EYFS.

We will be travelling by coach and will need to leave school promptly at 9am. We will be back at school for 3.00pm so that children can be collected as normal (traffic permitting).

The children will need to wear their school uniform with a waterproof coat, sun hat, sun cream and sensible shoes. As the trip is taking place in the summer, please ensure your child has sunscreen applied and they have taken any relevant hay fever medication before arriving at school.

The trip has been subsidised by the PTA. However, in order for the trip to take place, we do need to ask for a voluntary contribution of £16.20 per child, payable via ParentPay. This contribution will go towards the cost of the coach and educational workshops.

For reception children, a packed lunch can be pre-ordered from the school kitchen. Please complete the order form and make a booking on Parentpay by selecting the sandwich option for Thursday 7th July. For nursery children, a packed lunch can be pre-ordered from the school kitchen for £2.30 per child, payable via ParentPay. Alternatively, please bring a packed lunch.

Please complete and return the reply slip by Monday 27th June.

Yours faithfully,
L. Haywood and L. Badger

Miss Haywood, Reception Teacher Miss Badger, Nursery Teacher

EYFS trip, Children's Play Village – Thursday 7th July

I give permission for my child _____ to attend the Children's Play Village on 7th July.

I have made/intend to make a voluntary contribution of £16.20 via ParentPay. YES / NO

I would like to order a packed lunch for my child YES / NO – please choose one option from below:

Sandwich Cheese filling Yes/No
Sandwich Ham filling Yes/No

Signed: _____ (Person with parental responsibility)

Print Name: _____ Date: _____

