



St. John's CE Primary School

Growing and learning together
Sharing the love of God

Headteacher: **Amanda Aze**
Chair of Local Advisory Board: **Vivien Sloan**

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Friday 6th December 2024

Dear Parents/Carers,

Year 2 Visit to Southampton Arts and Heritage Museum – Thursday 16th January 2025

We are pleased to be able to offer our Year 2 class an invaluable visit to the Arts and Heritage Museum in Southampton, where the children will experience the Titanic Story. All children will need to be at school at 8.30am ready for a prompt departure at 8.45am. We aim to be back at school at approximately 4pm.

The cost of the trip is £15 per child. This is a non-refundable voluntary contribution however, if we do not collect enough funds for the entrance fee and travel, the trip will be unable to go ahead. Please book and pay for your child's place via The Arbor App. Please go to 'Quick Actions', click on 'Trips' and select 'Year 2 Arts and Heritage Museum Visit'. Please complete the reply slip attached and return it to Miss Williams by Wednesday 18th December 2024.

On the day of the trip, please send your child to school wearing full school uniform and trainers that are suitable for walking. Please also ensure your child is wearing a coat. Your child will need a packed lunch and a drink, however, if your child has a free meal entitlement or if you have already ordered a hot meal for this day, Food Links will provide a packed lunch option.

If you are able to volunteer your time to help with this trip, please indicate on the form below. You will then be contacted if your help is required.

Yours faithfully,

Miss Rebecca Williams
Year 2 Teacher

Year 2 Visit to Southampton Arts and Heritage Museum – Thursday 16th January 2025

Please complete the reply slip attached and return to Miss Williams by Wednesday 18th December 2024.

I give permission for _____ to visit Southampton Arts and Heritage Museum, Southampton.

[☐] I have paid a contribution £15 for the visit via The Arbor App.

I consent to any medical treatment deemed necessary during the course of the visit.

Medical conditions: _____

Emergency Contact Name: _____ Tel No: _____

Signed: _____

[☐] I am available to volunteer.



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