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8th March 2024

Dear Parents/Carers,

Year 3 Visit to The Ancient Technology Centre – Tuesday 30th April

As part of our history topic we are pleased to be able to offer our Year 3 class an invaluable visit to the Ancient Technology Centre in Wimborne, where the children will take part in activities including felt making & willow weaving.

The cost of the trip is £20 per child. Pupil Premium children will receive a discount and the cost payable is £16. 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 3 The Ancient Technology Centre Visit'. Please complete the reply slip attached and return to the class teacher or TA by Tuesday 23rd April.

Please send your child in full school uniform, wearing comfortable shoes with a packed lunch, drink and a warm coat. If your child has a free meal entitlement or if you have already ordered a hot meal for this day then Food Links will provide a packed lunch option.

All children will need to be at school at 8.45am ready for a prompt departure at 9am. We aim to be back at school at approximately 3pm therefore, you will be able to collect at the usual time. Please indicate on the reply slip if your child suffers from travel sickness and collect a medical form from the office if you require medication to be administered for the return journey.

Yours faithfully,

Miss Emma Adams Year 3 Teacher



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Please complete the reply slip attached and return to the class teacher or TA by Tuesday 23^{rd} April.

Please delete where appropriate.		
I give permission for	to visit The Ancient Technolog	У
Centre, Wimborne.		
[] I have paid for the visit via The Arbor App.		
YES/NO My child suffers from travel sickness and I havalleviate the symptoms.	re provided	tc
[] I have completed a medical form for the return jou class teacher or TA with a completed medication form	•	o the
I consent to any medical treatment deemed necessary	during the course of the visit.	
Emergency Contact Name:		
Tel No:		
Signed:	Parent/Carer Date:	_