



**St. John's**  
CE Primary School

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

Coombe Avenue, Weymouth, Dorset, DT4 7TP  
Email: [office@stjohnswey.dsat.org.uk](mailto:office@stjohnswey.dsat.org.uk)  
Website: [www.stjohns.dsat.org.uk](http://www.stjohns.dsat.org.uk)  
Tel: 01305 785711

Tuesday 4<sup>th</sup> June

Dear Parent/Carer,

### **Synagogue and St Peter's Church Visit Year 4**

We are pleased to announce the opportunity for all the pupils in Year 4 to visit a Synagogue and St Peter's Church in Bournemouth as part of their RE learning.



We will be leaving St John's at 9:00am and will return for the end of the school day. The children will wear their school uniform. Please can boys have a baseball cap with them on the day to wear in the Synagogue. If your child has a free meal entitlement or if you have already ordered a hot meal for this day then we will provide a packed lunch option.



We are also looking for parent/carers helpers for this event – please indicate on the slip if you are available to come with us and the Year 4 teachers will contact you in due course.

Please return the reply slip below by Friday 7<sup>th</sup> June.

Yours faithfully

Miss Stuart, Mrs Hardinge and Miss Williams  
RE Leader and Year 4 Teachers

---

### **Permission slip for Synagogue and St Peter's Church Visit on Tuesday 18<sup>th</sup> June**

I give permission for ..... in class ..... to travel by coach/minibus and visit the Synagogue and St Peter's Church in Bournemouth.

I consent to any emergency medical treatment required during the course of the visit.

Medical needs .....

Emergency Contact Name ..... Tel No .....

I am available to help with this trip [    ]

Signed ..... Date.....  
(Parent/Carer)