



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**

Coombe Avenue, Weymouth, Dorset, DT4 7TP
Email: office@stjohnswey.dsat.org.uk
Website: www.stjohns.dsat.org.uk
Tel: 01305 785711

17th November 2025

Dear Parents/Carers,

Year 2 Visit to Southampton Arts and Heritage Museum – Monday 12th January 2026

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 7.50am ready for a prompt departure at 8am. We aim to be back at school at approximately 4pm.

The cost of the trip is £27.75 per child. Pupil Premium children will receive a discount and the total cost payable is £20.80. 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 to Year 2 by Monday 5th January.

Please send your child in full school uniform with a packed lunch and drink, 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.

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 Adams
Year 2 Teacher



Diocese of Salisbury
Academy Trust
'Beyond expectations for all of God's children'

Year 2 Visit to Southampton Arts and Heritage Museum – Monday 12th January 2026 *Please complete the reply slip attached and return to Year 2 by Monday 5th January.*

Please delete where appropriate.

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

I have paid for the visit via The Arbor App.

YES/NO *Please delete* My child suffers from travel sickness and I have provided _____ to alleviate the symptoms.

I have completed a medical form for the return journey. (Please ensure any medication is handed to the class teacher or TA with a completed medication form, available from the school office).

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

Emergency Contact Name: _____

Tel No: _____

Signed: _____ Parent/Carer Date: _____

I am available to volunteer.