

Thrunscoe Primary and Nursery Academy,
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Chair of Governors: Mr R. H. Sperr



Monday 26th February 2024

Year 3/4 Visit to 'The Deep', Hull
Monday 29th April 2024

Dear Parent/Carer,

As part of our science topic this term, we would like to take the Year 3/4 classes to visit 'The Deep' in Hull. This is a very exciting trip for our children and all three classes will participate in a workshop as well as have the opportunity to look around the aquarium.

We shall leave school at 9.00a.m on the day and return by 3.15p.m. Children will need to wear their school uniform, with sensible footwear and a coat. If your child requires a travel sickness tablet, please administer before they arrive at school. Any tablets necessary for the return journey must be in a named envelope and handed to a teacher or teaching assistant on the day of the trip.

The cost of this visit is £15.00 per child which has been subsidised by the academy. The children will need a packed lunch and a drink, (no fizzy drinks or glass bottles please). If your child has a free school meal and you would like to order them a packed lunch for the day then please login to Chartwells and order the packed lunch option by Sunday 7th April 2024.

We do need consent for this trip therefore please sign the consent form and return to school with your contribution **by no later than Friday 15th March 2024**. Payment may be made via the online parent payment system www.schoolmoney.co.uk. If you would like to pay online and are unsure how to do this, please contact the academy office.

Yours sincerely,

Ms Reynolds, Miss Holness & Mr Boyington
Year 3/4 Team



Year 3/4 Visit to 'The Deep' at Hull
Monday 29th April 2024

Name Class

I agree to my son/daughter taking part in the visit mentioned above. Having read the above information I agree to his/her participation in the day described and ensure that they will behave in a sensible manner.

I have paid the £15.00 contribution towards the cost of the trip online

Please only fill out if your child requires a travel sickness tablet for the journey back:

Name of medication _____

Dosage _____

Time to be taken _____

Signature of person with parental responsibility _____

Date _____

Please return the consent form to school by Friday 15th March 2024. Thank you.