



LYDIARD PARK ACADEMY

10th November 2017

Year 8 Visit to the Science Museum, London – 12th December 2017

Dear Parent/Guardian,

Your child has been invited to go on a trip to the Science Museum in London on 12th December 2017. We will be visiting the Mathematics gallery during the day and taking part in a session on numbers.

We will be travelling by coach leaving school at 8.15 am and returning at approximately 6.00 pm. There is a charge of £18.50 for this trip to cover the cost of transport and a donation to the Museum. Pupils will need to bring a packed lunch as well as a drink (plastic bottles only please) and they do not have to wear school uniform. This trip must be paid by ParentPay or at a PayPoint outlet. If you require a PayPoint barcode, please return the slip below to Mrs Tracy Williams who will issue a barcode to you. Please ensure that whilst paying online for the trip that you complete the notes box with any relevant medical information and at least one emergency contact number. If paying by PayPoint, please add this information to the slip below. Numbers at this event are limited so places will be allocated on a first come, first served basis.

Please be aware that should you child withdraw from the trip at any stage before departure and a replacement cannot be found, that payment will be non-fundable. A poor behaviour record may result in a pupil's removal from the trip and again this will render the trip non-refundable.

Yours faithfully

Mrs H Tyrrell
Maths Department



Executive Principal: Mr C Zimmerman
Operational Principal: Mr G Pearson
Vice Principal: Miss S Hesten

Grange Park Way, Grange Park, Swindon, SN5 6HN
Tel: 01793 874224 Fax: 01793 876274
Ask@lydiardparkacademy.org.uk



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I give permission for Tutor group to attend the trip to the Science Museum trip on the 12th December and do/do not require a PayPoint barcode. I agree that should my child withdraw from this trip and a replacement not found or have to be removed due to poor behaviour, then payment will be non-refundable.

Emergency contact information

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Any relevant medical information

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Signed..... (Parent/Guardian)

Date.....



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