

**Stuart Road Primary Academy**

**Palmerston Street**

**Stoke**

**Plymouth**

**PL1 5LL**

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**Website:** [**www.stuartroad.org**](http://www.stuartroad.org)

May 2021

Dear Parents / Carers

We are very pleased to announce an exciting year group trip, planned for your child to end what has been quite a challenging year.

Year 3 will visit the Mount Batten Watersports Activity Centre on Tuesday 13th July to enjoy Bellboating and the Great Egg Race (which is a combination of orienteering, engineering and a team challenge).

We have arranged transport to take the children to and from the Centre. They will come into school as normal in the morning & the coach will be back at Stuart Road for 4.30pm (traffic dependent) for you to collect them.

Your child will need to take a packed lunch and drink with them. They will also require:

* Suitable water shoes
* Normal shoes / trainers
* Suitable clothes that may be splashed with water
* A change of clothes
* A fleece or sweatshirt
* A towel
* Sun hat
* Sun cream
* A waterproof coat

The cost of this activity day is £30.00 which we have been able to subsidise for all children. Please pay a voluntary non refundable deposit of £10.00 by 28th May, should you wish your child to attend. The balance must be paid by 25th June. Payment will be taken via SchoolMoney.

Please complete the attached consent form as soon as possible and return it to the class teacher.

Yours sincerely

Ms B Nicholls

Acting Headteacher



**Year 3 Consent Form – Mount Batten Watersports Centre**

**Tuesday 13th July 2021**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert child’s name) to attend the Mount Batten Watersports Centre on 13/07/2021.

Does your child have any medical conditions/allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have asthma? YES NO please tick

(If yes, please ensure that you child brings their inhaler with them)

Please tick if you consent to your child receiving First Aid

Is your child water confident ? YES NO

Can your child swim 25m ? YES NO

Please supply emergency contacts for the day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Parent / Carer ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_