



Castleford Park Junior Academy

Medley Street
Castleford
West Yorkshire
WF10 4BB

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Y5 Trip to Eden Camp - Monday 22nd October 2018

Dear Parent/Carer,

Tuesday 11th September 2018

As part of our learning, we have organised a trip to Eden Camp, during school time on **Monday 22nd October 2018** giving the children the opportunity to experience the sights and sounds of the World War.

This educational visit will be the basis of our learning for the Autumn term, with much of our work hinged on World War II up until Christmas time. The museum creates a unique atmosphere that makes it feel like you have travelled back in time to wartime Britain with various 'huts' for the children to explore, replicating a range of war time situations.

The cost of this trip is **£12.80 per child** which should be paid by ParentPay by Friday 28th September 2018.

Although we ask for a voluntary contribution for curriculum based trips; it should be noted that if sufficient income is not received to cover the cost, the school will be unable to provide such activities to children in future & in extreme cases trips may have to be cancelled at short notice.

Transport to and from the event has been organised and we will leave school at 9:00am, arriving back at approximately 3:00pm.

Children should wear school uniform for the trip and will require a waterproof coat, a water bottle and packed lunch.

Please note, a packed lunch will be provided for those children on Free School Meals.

Please hand your completed reply slip to your teacher no later than **Friday 28th September to confirm your place and make the voluntary contribution via Parentpay by this date.**

Please also note that children should be collected from school as normal.

Yours faithfully,

The Year 5 Team

Y6 Trip to Eden Camp - Monday 22nd October

I give permission for my child _____ Class _____ to go to Eden Camp, during school time on Monday 22nd October and I commit to make the voluntary contribution via ParentPay prior to 28th September 2018.

Please state any medical conditions/allergies _____

Medication required _____

PHOTOGRAPHS

I give my permission for photographs to be taken and used for school purposes.
Signed.....Parent/Carer

Primary Strategy
Director

Ms J Clarke

Headteacher

Miss K Law

Deputy
Headteacher

Mrs J Roberts

Assistant
Headteacher

Mr L Booth

Assistant
Headteacher

Miss S Duggan

School Business
Manager:

Mrs S Beedle

Chair of
Governors

Mr J Dossey



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