



## All Saints CE VC Primary School

Bishops Caundle

Sherborne

Dorset

DT9 5NQ

Headteacher:

Mr N Roberts

Tel/Fax: 01963 23450

E-mail: [office@bishopscaundle.dorset.sch.uk](mailto:office@bishopscaundle.dorset.sch.uk)

**Thursday 9<sup>th</sup> January 2020**

Dear Parents and Carers,

Sapphire class will be visiting The Tutankhamun Exhibition in Dorchester on Thursday 30<sup>th</sup> January as part of our learning on Ancient Egypt. We are so lucky to have such a first class exhibition in our local community and we are looking forward to the wonderful learning opportunities that this affords us.

Our trip to The Tutankhamun Exhibition will allow us to explore different areas of learning, and provide some wonderful research for our non-fiction writing in English, when we will be debating the return of looted artefacts to their original owners.

### **What your child will need:**

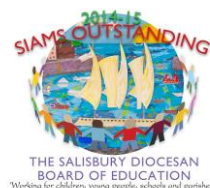
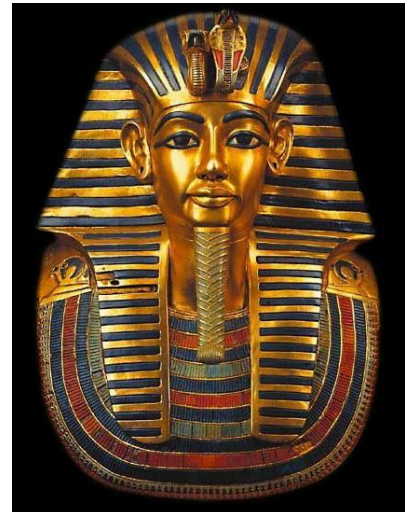
- Waterproof coat (even if it is sunny please ensure they have a coat)
- A rucksack – children will need to carry ALL of their things;
- School uniform – please ensure your child is wearing their school uniform;
- Packed lunch;
- Water bottle.

There will be a short walk from the bus to the museum. Please do ensure that your child has their coat with them, as the weather can be so changeable at this time of year.

Fortunately, we will be going by bus and during school times so normal drop off/pick up applies. We request a contribution of £7.50 towards this trip – please hand to Mr Grant-Peterkin or the office in an envelope alongside the reply slip below to ensure your child does not miss out!

Thank you for your continued support,

Chris Grant-Peterkin



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### Sapphire Class Tutankhamun Exhibition Trip

Thursday 30<sup>th</sup> January

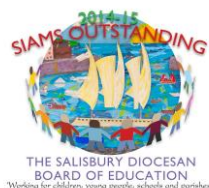
- I give permission for my child .....to take part in this trip
- I confirm there are no changes to the medical information held by my school. If travel sickness medication is required for the return journey, please ensure that a 'Administration of Medication' consent form is completed prior to the day. If not, the school is **unable** to administer.
- I agree to my child receiving medical treatment in the event of an accident occurring: I understand that a member of staff will do their best to contact me prior to such treatment.
- I accept that the County Council, the school or their representatives, cannot be held liable for loss of personal effects or money.
- Payment of £7.50 will be made:      **In cash**                      **By Cheque**                      **On-Line**                      **Pupil Premium**

(Please circle chosen method)

My emergency telephone number is:.....

Print Name:.....

Signed.....



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