

THE ORCHARDS SCHOOL
PERRYFIELDS ROAD

erryfields road B61 8QN Bromsgrove

A PLACE TO FLOURISH AND GROW

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Head Teacher: Mrs M Rumney

RECEPTION TRIP TO SMART TREES

Thursday 14th November 2024

Dear Parents and Carers,

On Thursday 19th December 2024, all Reception children will be heading to Smart Trees for a very special Christmas trip.

We will be leaving school at 9:00am and will return to school by 2:30pm. We will be travelling on a coach. The cost of this trip is £15.00 per child. We ask that this be paid through our online payment system sQuid by Monday 2nd December. Please note, that unless we receive enough payments, we may be forced to cancel the trip.

While we are there, we will be visiting an enhanced outdoor treasure trail, going on a tractor ride with 'snow,' feeding the reindeer and having a special meeting with Father Christmas.

On the day of the visit, can you please ensure that your child brings:

- a warm waterproof coat, gloves and hat. (named)
- wellies
- water bottle
- a packed lunch in disposable packaging (this saves us bring bags back!)

Please complete the permission form attached and return to us in class or the school office by Monday 2nd December. Unfortunately, we are unable to offer any refunds if your child is absent on the day of the trip.

We look forward to our magical Christmas day out.

Kind regards

The Reception Team



RECEPTION TRIP TO SMART TREES Thursday 19th December 2024

Payments to be made via sQuid and permission slips returned to the school office by Monday 2nd December

| Pupil Name: | | Clas | S: |
|--|------------------------------|--------------------------------------|-----------------------------|
| ☐ I would like my child to | o attend the trip to Smart T | rees on Thursday 19 th De | ecember 2024. |
| ☐ I have paid £15 via sG | | · | |
| I give permission for pl media & newsletter. | hotos of my child to be use | ed on the Orchard School | ols official school social |
| I give permission for the educational visit. | ne school to perform any n | ecessary First Aid on my | child whilst on the |
| Lunch Preference (ple | ease tick one) | | |
| My child would like a | cheese sandwich. | | |
| My child would like a | ham Sandwich. | | |
| I will provide my own | packed lunch. | | |
| Signed: | Name: | | _ Date: |
| Please give details of TWO conditions and the conditions of the | ontacts in case of emerger | ncy who are available or | n Thursday 19 th |
| Contact 1 Name: | | | |
| Mobile No: | | | |
| Landline No: | | | |
| Relationship to the child: | | | |
| Contact 2 Name: | | | |
| Mobile No: | | | |
| Landline No: | | | |
| Relationship to the child: | | | |
| Medical conditions/allergies | s/medication needed: | | |
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