



'Behaviour and Safety Outstanding'
Ofsted 2013

Netherthorpe Primary School

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Headteacher: Ms Elizabeth Gray

Deputy Headteacher: Ms Marie Elliott



03 March 2020

Dear Parents/Carers,

Bolsover Castle

As part of their class topic, Year 1 and Year 2 children will be visiting Bolsover Castle in Derbyshire on **Thursday 19th March 2020**. The children will be exploring castle features while learning about what it was like living in a castle!

The children will leave school at precisely 9.00am so we would ask that your child be in school for **8.30am**, leaving enough time for the class to get themselves ready; **you may want to send your child to breakfast club, which starts at 8.00am**.

The children will travel to Bolsover Castle via Ashley Travel coaches and return to school for approximately 3.00pm. **Should the coach become late for any reason, e.g. traffic, you will be contacted immediately via text message.**

Please be aware that the children will spend most of the day outside so they will need to be dressed warmly and wearing sensible shoes.

School is heavily subsidising this trip so **the cost of the trip will only be £10.00 per child. If you are in receipt of Pupil Premium, please come into the school office.**

Due to Year 1 and Year 2, being under the universal free school meal scheme a packed lunch including a drink will be provided for your child.

If your child uses an inhaler, please ensure that it is up to date and in school.

Please return the permission slip to school by **Friday 13th March 2020**.

Yours sincerely,

Elizabeth Gray
Head Teacher



YEAR 1 AND YEAR 2 TRIP TO BOLSOVER CASTLE THURSDAY 19TH MARCH 2020

I give permission for my child _____ Year ____ to visit **Bolsover Castle on Thursday 19th March 2020.**

My child has an asthma spray in school

I enclose £10.00 towards the cost of the trip

I am in receipt of Pupil Premium

We are in need of parent volunteers for this trip, so if you are available to help, please provide your name and contact number below:

Name _____

Contact Number _____

Name _____ (Parent/ Carer)

Signed _____ (Parent Carer)

Emergency Contact Number _____