



Beechwood Primary Academy



Chief Executive Officer – Mrs A Nettleship

Senior Head of School: Mr Paul Arnold
Assistant Head of School: Mrs Sarah Rama-Dominguez
Assistant Head of School: Mr Colin Randall

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Beechwood Primary Academy
Rockfield Avenue, Southway, Plymouth, Devon PL6 6DX

8th May 2024

Year 6 Treat day

Dear Parents/Carers,

We are excited to let you know that we will be taking year 6 pupils out for the day on Thursday 6th June. They have worked incredibly hard this year and we are hoping that they will enjoy their day.

They will need to ensure that they have a packed lunch with them, a drink, sun cream and hat, or coat depending on the weather. We will be spending the majority of the day outside. Children will need to wear school uniform on the day.

If you are entitled to a Free school lunch and would like one, please say so on the slip below.

We will be leaving school at 8:30am prompt and will return to school at 5:30pm approximately.

Please indicate on the slip below how your child is getting home once we return to school. Please also complete the attached SOE3 form and return to school by **Friday 17th May**.

We will confirm further details of this trip and its location on Friday 24th May.

Thank you, and if you have any queries or questions please feel free to contact your child's class teacher in the first instance.

Mr P Arnold
Senior Head of School

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Name : Class :

- I will be providing a packed lunch for my child : Yes / No
- I require a school packed lunch as my child is entitled to FSM : Yes / No
- I will be collecting my child from school at 5.30pm : Yes / No
- My child can walk home from school after the event : Yes / No

Signed :

Form SOE3: Parental consent for off-site activities

You have already received details about our forthcoming visit or activity. Please complete and return this form giving your consent for your child to take part in this activity.

School, college or establishment

Beechwood Primary Academy

Visit or activity

Year 6 Treat Day

Dates and times

Thursday 6th June 2024

Name of child**Date of birth**

Special details - any information about your child's health which may need special attention, but does not prevent them from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, travel sickness, diabetes, asthma or epilepsy?)

Has your child had any relevant recent illness?**Does your child have any specific dietary requirements?****Do you have any additional comments?****Swimming ability** (for water based activities)

Is your child able to swim 50 metres? YES / NO

Is your child water confident for the proposed activity? YES / NO

1. I would like my child to take part in this visit or activity and having read the information provided agree to him/her taking part in the activities described.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.
4. **I give permission for staff of Farms for City Children and any person or third party working with the permission of FFCC to use photographs/film/sound recordings of, and content produced by the children taking part in the visit, and school staff in attendance, for all purposes in print and digital form for an unlimited period of time. Identifiable information in photographs will be kept to a minimum and no child will be named.**

Signature of parent or guardian: _____

Date: _____

Name of parent or guardian

Address

Telephone number:

Home:

Work:

Name of family doctor

Approximate date of last tetanus injection:
