



ST. SAVIOUR'S  
CHURCH OF ENGLAND JUNIOR SCHOOL

Headteacher:  
Mr N. Bonell BA (Hons)

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Dear Parents/Carers,

On Monday 24th March, Year 4 will be visiting Kent Life (Maidstone) to take part in a Viking Day, linked to their history unit on Vikings. We will be travelling by coach and will be leaving school at 8:15am promptly. Children will need to arrive at school at 8am wearing normal school uniform with suitable shoes for walking. Please ensure children have a waterproof coat as much of the site is outdoors. We will be leaving Kent Life around 2:50pm and returning to school at around 3:50pm.

The children will need a packed lunch (no glass bottles) but they will NOT need to bring money to spend. A school packed lunch can be provided for children who are in receipt of free school meals; please indicate on the attached form if you would like to order a school packed lunch for your child.

If there are any medical requirements, please speak to your child's teacher as soon as possible. Please be aware that if any medication is required on the day (including travel sickness tablets) then you will need to fill in a form at the school office prior to the day of the trip, and that any medication must be given to the school in its original packaging.

The cost of the trip is £15 per child which should be paid on ParentPay. Please return the attached permission slip to the school office no later than Monday 17th March. If you wish to speak in confidence about payment for this trip, please contact the school office or Mr Bonell.

Many thanks,  
The Year 4 team

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Year 4 Kent Life trip – Monday 24th March 2025

Name of child \_\_\_\_\_ Class \_\_\_\_\_

Please sign all relevant parts.

- I give my permission for my child to attend Kent Life on Monday 24<sup>th</sup> March 2025.

Signature of parent/carer: \_\_\_\_\_

- I have paid £15 on ParentPay towards the cost of the trip.

Signature of parent/carer: \_\_\_\_\_

- I give permission for the teacher in charge to administer or give consent on behalf of my child to receive medical treatment should the necessity arise.

Signature of parent/carer: \_\_\_\_\_

- I will inform the school of any medication that my child will receive by filling in a medication form at the school office.

Signature of parent/carer: \_\_\_\_\_

- My child is in receipt of free school meals and would like a school packed lunch on this day.

Signature of parent/carer: \_\_\_\_\_