



St Julian's C of E Primary School

Wellow
Bath
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Headteacher: Jane Gascoigne, B.Ed (Hons), NPQH

27th May 2010



SPIRIT OF WELLS LEAVER'S SERVICE YEAR 6 - Monday 21st June 2010

Dear Parents,

Years 6 are fortunate to be able to attend the Year 6 leaver's event held at Wells Cathedral during June. As a church primary school, we are invited with all other church primary schools to be involved in a day long experience for year 6 children to help prepare them for their journey to secondary school.

The day will be filled with creative, artistic, thought provoking activities which culminate in a service in the cathedral. It is a really powerful day and I look forward to it each year, even though I often shed a tear at the thought of children moving on!

Again this year in order to keep the costs down, we are sharing a coach with our neighbouring small schools - Shoscombe and Camerton. Their children will come to Wellow to begin the journey.

The coach will leave at **08:30 am promptly**. The children will need to be in school by **08:15am** in order to be registered. They will require a healthy packed lunch in a disposable bag- no glass bottles please. Children will need to wear full St Julian's uniform and have a waterproof coat/ sun cream and hat with them too. We hope to be back by the end of the school day, but there may be a slight delay.

The cost of the visit will be £7.00. Please send your voluntary contributions along with the permission slip to the school office by Tuesday 8th June.

Thank you for your continued support to help us provide a broad and varied curriculum for your children.

Yours sincerely

Mrs C Mapstone
Class 4 Teacher



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Please return to the office via Class Registers

SPIRIT OF WELLS LEAVERS SERVICE Monday 21st June 2010

_____ (name) WILL / WILL NOT be able to take part in the event on 21st June. I give permission for emergency first aid to be administered if necessary. I enclose £__ (£7.00) towards the cost of this event.

Please indicate if there are any medical problems such as ALLERGIES / TRAVEL SICKNESS / ASTHMA / EPILEPSY / OTHER MEDICAL CONDITION _____ (please specify).

Signed: _____