



St Julian's C of E Primary School

Wellow
Bath
BA2 8QS

Email: stjulians_pri@bathnes.gov.uk
www.stjuliansprimary.co.uk

Letter No. **66**
Tel: 01225 833143
Fax: 01225 835914

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

23rd June 2010

To parents/carers of Class 1 & Class 2

Dear Parents/carers,

'Droplets'

On Friday 9th July we will be taking Classes 1 and 2 to see a performance of 'Droplets' at the Egg Theatre in Bath. We will be leaving Wellow at 9.45am and returning before the end of school.

This promises to be a wonderful opportunity for the children to experience the thrill of live Theatre with the use of puppets. The theme ties in very well with our African topic and the search for water.

We need voluntary contributions of £7.00 per child to cover the cost of tickets plus transport in order for this trip to go ahead, the PTA have very kindly contributed half of the transport costs, therefore please return your contribution with the consent form as soon as possible. The children will need to wear school uniform and will not require any spending money.

If the weather is nice we plan to enjoy a picnic afterwards in Queen Square gardens before returning to school. Please pack your child a healthy packed lunch and a drink in a back pack as they will need to carry their own lunch, so nothing heavy please. If you are entitled to free school meals and would like the office to order you a school packed meal for this trip please indicate on the form below. Packed meals need to be **ordered no later than Wednesday 7th July**.

Yours sincerely

Sue Rodford
Deputy Headteacher

Sarah Hayman/Tracy Soccorsy
Class 2 Teachers

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Please return to the school office via Class Register by **Friday 30th June**

Droplets

_____ (name)

WILL / WILL NOT * be able to visit 'The Egg' on **Friday 9th July 2010**. I give permission for emergency first aid to be administered if necessary.

I enclose a voluntary contribution of £7.00.

I am entitled to Free School Meals and would like to order a packed meal (*please indicate*) by **Wednesday 7th July**

Please indicate if there are any medical problems such as ALLERGIES / TRAVEL SICKNESS / ASTHMA / EPILEPSY / OTHER MEDICAL CONDITION

_____ (please specify)

Signed: _____ (Parent/Guardian)