## **Whitwell Primary School**

Southfield Lane, Whitwell, nr Worksop. Notts S8o 4NR

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Head Teacher: Mrs S Tomlinson Deputy Head: Mr T Stirling

11th March 2025

Dear Parents/Carers

We are planning a trip to the Tropical Butterfly House on **Friday 25th April 2025** for our Reception and Year 1 children and we are very excited about our visit! At the Butterfly House we will be taking part in an education session as well as playing on the park and visiting the butterfly house.

We will be going for a full school day leaving at 9.15am and returning in time for home time.

As we will be outdoors for some of the day it is very important that your child is dressed for the weather. We would prefer uniform tops and whatever is comfortable bottoms please, with sensible shoes or trainers. The children will need to have a sunhat, sun cream and a water bottle if the weather is warm or a waterproof coat if the weather is cooler.

## A packed lunch and a drink will be provided by school unless you state otherwise.

The cost for each child is £11.00 which includes coach travel, the relevant insurances and the cost of entrance. This amount has been subsidised by Friends of Whitwell Primary and school to make the cost as low as possible. Please consent electronically by clicking on this link <a href="https://forms.office.com/e/b47ikG3kdb">https://forms.office.com/e/b47ikG3kdb</a> or completing the slip below and pay online via the SCOPAY app or send your payment to school in a sealed envelope. Please note if we do not receive enough contributions the trip will not be viable. If you wish to pay by weekly instalments, please call at the school office for a payment card.

| Yours very excitedly,   |                                    |
|---|------------------------------------|
| Miss Brown Miss Morris  |                                    |
| Tropical Butterfly House trip – Friday 25 <sup>th</sup> April 202   |                                    |
| I give my child permission to attend the visit to the Tro-<br>travel on the coach provided. I also confirm that the de-<br>valid. |                                    |
| *My child will require a school packed lunch  | *IMPORTANT Please tick one option  |
| *My child will NOT require a school packed lunch and  |                                    |
| Child's Name  | I enclose a contribution of £      |
| I can be contacted on   | in case of an emergency on the day |
| Parent/Carer's Name   | Signed                             |

Believe, Endeavour, Succeed Together!











