***Meadow High School***



*Royal Lane, Hillingdon, Middlesex UB8 3QU*

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***Headteacher: Mrs Jenny Rigby***

***Deputy Headteacher: Ms Claire Caddell***

Thursday 9th June 2022

Dear Parent/Carer

To support your child with their learning of ‘George’s Marvelous Medicine’ in English I have arranged a trip to the Roald Dahl Museum in Great Missenden on Thursday 30th June.

We will be leaving school after registration at 9:10am and returning to school in time for transport home at 3pm. Please provide your child with a healthy packed lunch and plenty of water. If your child is entitled to a free school meal then one can be provided for them (please indicate below). We will travel by minibus, which will be driven by a MIDAS (qualified) trained driver and a First-Aider will also accompany us.

To cover the cost of the trip I am asking for a voluntary contribution of £7.90. This includes a walking trail around the area, exploring the sights and sounds that inspired Roald Dahls’ stories and a self-guided tour of the museum. Please pay this via ParentPay.

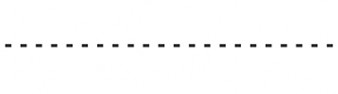
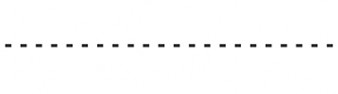
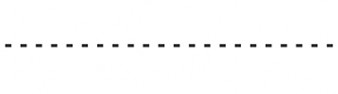
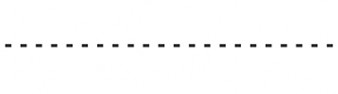
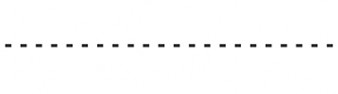
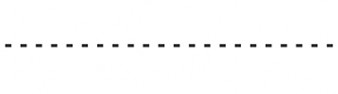
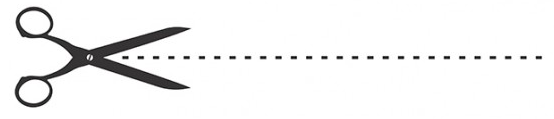
If you would also like to provide your child with some money to buy a hot chocolate while we are out on our walk, then please do so. No more than £5 please. This will need to be kept with your child on the day of the trip and it is their responsibility to look after their money.

Please complete the attached slip and return it as soon as possible. If you have any queries, please feel free to contact me.

Yours sincerely,

Mrs Mansoor

Teacher



**Reply-Slip : Roald Dahl Museum Trip. Thursday 30th June – please return to Mrs Mansoor**

I acknowledge that my child ………………………………………………………………………………………………….. will take part in this educational trip.

( ) I will be providing my child with a healthy packed lunch

( ) My child is entitled to a free lunch. Please provide one for him/her.

( ) I have paid my contribution of £7.90 via Parent Pay.

Signed …………………………………………………………… Date ……………………………………………………………………

(Parent/Carer)