

# St Matthew Academy

St Joseph's Vale, Blackheath, London SE3 0XX

Executive Head: Mr Serge Cefai

Head of School: Ms Miranda Baldwin

2 May 2018



Dear Parent/Carer

## Year 4 Trip to Science Museum

Year 4 pupils will be visiting the Science Museum and watching the IMAX film 'Dream Big: Engineering Our World'. This will give an insight into modern day inventions and the people who make them a reality. We will also explore some of the other galleries including; journeys through medicine, making our modern world.

Our topic this half term is called 'Look what I've Made'. We will be learning about the history of inventions and looking at how they have changed over time. We will be examining the purpose of inventions and the costs and benefits of them.

We hope this will expose the children to the inventions that we have learnt about in class and connect the classroom to reality.

### The details of the trip are as follows:

<b>Departure Date:</b>	Wednesday 16 May 2018
<b>Departure Time:</b>	9am from School
<b>Return Time:</b>	3pm to School
<b>Travel:</b>	Train/Walking
<b>Dress:</b>	Full School Uniform
<b>Refreshments:</b>	Packed Lunch required – Children in receipt of Free School Meals will receive a lunch.
<b>Cost:</b>	£5

Myself as visit leader and my colleagues will retain the overall pastoral responsibility that we have when in school and which is well established in law. The law requires that teachers do everything reasonably practicable to ensure the safety of everyone in the group, and the staff will use their skills and experience as adults and teachers to protect the health, safety and welfare of the students. A detailed risk-assessment has been carried out, a copy of which is available from the school if you wish to see it.

**If you would like your child to take part in this trip, please complete the permission slip and make your payment of £5 to your child's Parent Pay account [www.parentpay.com](http://www.parentpay.com) by Thursday 10<sup>th</sup> May 2018**

Yours faithfully

**Ms J Arnold**  
Teacher of Year 4/Trip leader

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RETURN PERMISSION SLIP TO: **Main Reception or Class Teacher**

I have read the information on this letter and I agree to:

(Name of pupil) ..... in (class/form) .....taking part in the visit and in the activities described.

I agree to impress upon him/her the necessity to behave responsibly and to help the teachers to ensure the safety of everyone on the visit.

Does your child have any condition or medical treatment requiring special medical attention? **Yes/No**

Give details: .....

Does he/she have any special dietary requirements? **Yes/No**

Give details: .....

Does your son/daughter have any allergies? **Yes/No**

Give details: .....

Contact number 1: ..... Contact number 2: .....

Emergency contact number: .....

### Declaration:

I confirm that my child is in good health. I agree to inform the group leader of any change in medical condition, and I give consent to any administration of medication as may be considered necessary by medically qualified persons, and any first aid deemed necessary, in an emergency situation during the visit.

Signed: ..... (Parent/guardian) Date: .....