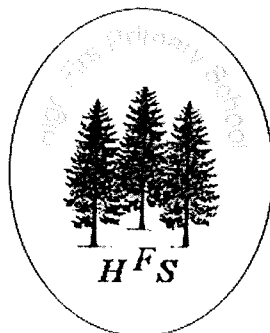


# High Firs Primary School

*Headteacher*  
Mr A Kilbride

*Deputy Headteacher*  
Miss C Rennie

[www.high-firs.kent.sch.uk](http://www.high-firs.kent.sch.uk)



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18th April 2024

Dear Parent/Carers,

To support the Yr4 children's curriculum learning linked to the Egyptians, I am pleased to inform you that we have arranged for Class 4 to visit Horniman Museum and Gardens in London on **Tuesday 7th May 2024**, when they will have the opportunity to visit several exhibits and take part in an Egyptian workshop.

The aim of the visit is to:

- have a greater understanding of the significance of mummification within ancient Egyptian religion
- to learn how to carefully and respectfully handle Museum objects to prevent damage.
- To explore how to examine ancient Egyptian objects for clues about their original use, significance and more recent history.

We will be travelling by coach, leaving after registration and aiming to return for the end of the school day. All children will need to bring a packed lunch and drink, including those who would normally have a free school meal. I will be supervising the trip along with other adults.

The cost of the trip will be £22 per child; payable by **Friday 29<sup>th</sup> April 2024**. Please ensure all forms / money is sent into school in an envelope clearly marked with your child's name.

No spending money is required on the day.

If you are willing for your child to participate, please complete and return the consent form attached with your £22 cost contribution. Payment can be made by cash or cheque, or by using School Money. We are not able to hold change on site, so if paying by cash we do ask that you send the correct money.

If you have any further questions please contact me through your child's contact book or at the end of the day.

Many thanks

Yours sincerely

A handwritten signature in black ink, appearing to read 'E. Payne'.

Mrs. E. Payne  
Class 4 Teacher



Achieving more together





PARENTAL CONSENT FOR SCHOOL VISIT			
Visit & Date		Horniman Museum – Tuesday 7th May 2024	
I agree to my child participating in the above visit as per the details on the accompanying letter or information sheet. I agree to my child's participation in the activities described and acknowledge the need for them to behave responsibly.			
Child's Name			Year Group Yr4
Medical Information	Does your child have any condition (including allergies) which may require medical treatment, including medication? If YES, please give details:		
Declaration	I agree to my child receiving any medication as instructed and for any emergency dental, medical or surgical treatment (including anaesthetic or blood transfusion) as considered necessary by the First Aider or medical authorities present. I understand the extent and limitations of the insurance cover provided.		
Emergency Contact Information	Name: Relationship to child: Mobile telephone:		
Photograph Permission	I give / do not give permission for my child to be photographed and/or filmed whilst on the visit and understand that these photographs may be used for school or publicity purposes, including internet publication.		

SCHOOL OFF-SITE VISITS

*This form is valid for the said school trip from the date you sign it, for the period of time your child attends the school visit. The consent will automatically expire after this time. We hold your records securely, until the school visit has ended and all the children are returned to school, after which they are retained securely for 1 month in case of any queries, then safely destroyed.*

*It is your responsibility to let us know if you need to make changes to your agreement at any time, to the emergency contact or medical information over the page.*

School Office Use

Date Paid .....

Amount Paid £ .....

Cash / Cheque No/ School Money .....

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