Kings Worthy Primary School
Church Lane
Kings Worthy
Winchester SO23 7QS

Headteacher: Mrs Julie Mullane B.Ed
Co-Head: Miss Sarah Vittle B.Ed
Business and Administration Manager: Lynn Paul BSc ACA

13th October 2017

Year 4 Trip – Sea City Museum

Dear Parents,

Next half term Year 4 will be exploring the events surrounding the sinking of the Titanic as part of their new topic about Southampton. As an entry point to this exciting subject we have booked a visit to the **Sea City Museum** in Southampton, on **Thursday 2nd November.**

During our visit, the children will take part in a workshop, where they will discover the stories of the Titanic crew members and the impact of the disaster on Southampton. This workshop will be followed by a tour of **Southampton's Titanic Story** exhibition.

We will be travelling to Southampton by coach, leaving school at 9.15am and returning by 3.00pm. Children will need to arrive at school at the normal time of 8.55am to be registered before leaving for Southampton.

The children need to wear full school uniform and bring:
- packed lunch (no cans or glass bottles, please) in a named bag
- spending money in change in a named purse(optional - maximum of **£5**)
- warm, waterproof coat

We are asking for a contribution of **£11.45** per child towards the cost of the visit, which reflects the cost of coach hire, admission to Sea City Museum, the activity workshop and tours. Please make cheques payable to '**Kings Worthy Primary School**'. Alternatively you can pay online using *Parent Pay*. Please contact the office if you need to register for this.

Please complete the permission form below and return it to school as soon as possible if you would like your child to take part in this visit.

Yours sincerely,

J.Fernie   H.Wallis

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Year 4 - Visit to Sea City Museum

I give permission for my child ………………………………………… Class: _____to take part in the visit to **Sea City Museum** on **Thursday 2nd November.**

I enclose a contribution of **£11.45 * cash/cheque/paid on-line**

Signed………………………………………………………………….(Parent / Guardian)

Contact telephone number on the day: …………………………………………..

Any medical details ....

Telephone: 01962 881410
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