



Haygrove School

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www.haygroveschool.co.uk
Headteacher – Mrs K Canham, BA (Hons), MA



28 November 2017

Dear Parent

CINEMA TRIP TO SEE WONDER – MONDAY 18 DECEMBER 2017

We are pleased to offer Year 7 pupils a visit to see Wonder at Scott Cinema on Monday 18 December. This trip is to round off the module of work called 'Transition' which will pull together all aspects covered including bullying, acceptance, tolerance and belonging. **WONDER** tells the inspiring story of August Pullman, a boy with facial differences who enters fifth grade, attending a mainstream school for the first time.

The cost is £5.00 and includes the cost of entry to the cinema. We will be leaving school to walk to the cinema at 11.00am and returning at approximately 2.00pm. There is no cost for students who are currently eligible for free school meals. Please tick the box below if you qualify for this. Members of Haygrove staff will accompany the students.

The Emergency school contact number is Mrs C Morgan on 07837 900365. All places on this visit are subject to good attendance and behaviour and the head of year has the right to withdraw a student from a visit if these criteria are not met.

If you would like your child to participate, please complete the consent form below and return it to the Finance Office during morning registration together with payment of £5.00 **by Monday 4 December 2017.**

Yours sincerely

Mrs G Harper
Trip Leader

HAYGROVE SCHOOL: CINEMA TRIP TO SEE WONDER – MONDAY 18 DECEMBER 2017

Please return this slip, together with your payment, to the **Finance Office by Monday 4 December 2017**

Child's Name _____ Tutor Group _____ Date of Birth _____

Home Address _____

Emergency Telephone Number _____

Medical Information _____

I wish my son/daughter to be allowed to take part in the above mentioned activity/visit and, having read the information sheet, agree to his/her taking part in any or all of the activities described. I understand that, while the establishment staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the activity/visit. All activities/visits are covered by public liability insurance and trips outside the County are covered by comprehensive travel insurance. Details of cover are available from the establishment on request. I have read, understood and agree to the Declaration and Explanatory Notes on the reverse of the attached letter. I am happy for named photos of my child to be released to the Press, Haygrove Newsletter and Website. **I enclose cash (exact amount) £5.**

My child is entitled to free school meals

Signed _____ Parent/Guardian Date _____

Please print name _____ (Mr/Mrs/Ms/Miss)

