

Darnhall Primary School  
Sandyhill Road  
WINSFORD  
Cheshire  
CW7 1JL



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Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.  
Deputy Headteacher: Sarah Williams B.Mus, P.G.C.E, N.P.Q.M.L.  
Assistant Headteacher: Natasha Mulholland B.A Hons

9<sup>th</sup> October 2018

Dear Parents/Carers

This year, the Winsford Education Partnership (WEP) have been given the wonderful opportunity to take part in a careers and aspirations project. All schools have worked together to create a scheme of work which encourages and supports children in considering their future education and careers choices.

As part of this project the children have been offered the opportunity to experience a day at Manchester Airport on **Thursday 25<sup>th</sup> October 2018**. They will have a tour around the Airport looking at various future career opportunities.

We will be leaving school at 9am and so it extremely important that **all children arrive at school no later than 8:40am**. We will return to school by 3pm. There is no parental contribution required for the cost of this visit.

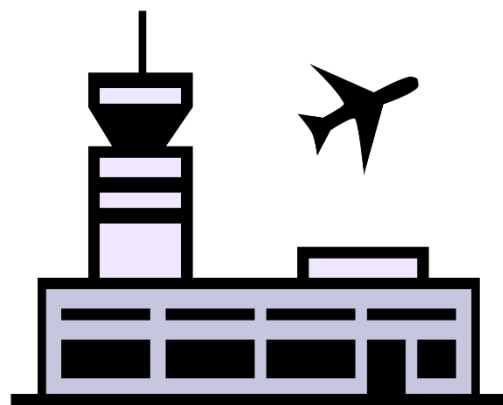
Your child will require a packed lunch from home or the school catering team can provide a Cat Bag for £2.50 payable via ParentPay or free of charge if your child is on Free School Meals.

The children need to arrive at school wearing their full School uniform with a warm coat.

Please complete and return the attached permission slip and Form C.

Kind regards

Mrs R Mason and Mr H Baxendale  
Year 6 Class Teachers



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[admin@darnhall.cheshire.sch.uk](mailto:admin@darnhall.cheshire.sch.uk)



## YEAR 6 VISIT TO MANCHESTER AIRPORT

Child's Name \_\_\_\_\_

I give permission for my child to attend the visit to Manchester Airport on Thursday 25th October.

Signed \_\_\_\_\_ Date \_\_\_\_\_

- Please provide my child with a packed lunch from school.  
**Please circle your choice of filling for your child's sandwich**

**HAM OR CHEESE**

OR

- I will provide my child with a packed lunch from home



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FORM 'C'

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child ..... Class .....

Details of visit to: MANCHESTER AIRPORT  
Date of visit: THURSDAY 25th OCTOBER 2018

Leaving School at: 9am  
Arriving back at school at: 3pm

I agree to my child taking part in this visit  
I have read the information sheet I agree to ..... 's  
participating in the activities described.  
I acknowledge the need for ..... to behave  
responsibly throughout the visit.

Medical information about your child

- a] Any conditions requiring medical treatment, including medication?  
YES/NO If YES, please give brief details:  
.....
- b] Please outline any food or other allergies and special dietary requirements of  
your child:  
.....
- c] Any recent illness or accident staff should be aware of?  
.....
- d] When did your son/daughter last have a tetanus injection:  
.....

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency  
dental, medical or surgical treatment, including anaesthetic or blood transfusion, as  
considered necessary by the medical authorities present. I understand the extent  
and limitations of the insurance cover provided.

Emergency contact telephone number for the day of the visit:  
Name of Contact: .....

Work: ..... Home .....

Signed..... Date.....

Full Name [capitals] .....



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