



Brunswick House
Primary School

Brunswick House School
Leafy Lane
Maidstone
Kent
ME16 0QQ
Tel: 01622 752102
Headteacher – Mrs W Skinner
headteacher@brunswick-house.kent.sch.uk
www.brunswick-house.kent.sch.uk

September 2021

Year 5 – Bushcraft Residential Trip		
Where	Penshurst Place	
When	Thursday 23 rd June 2022 - Friday 24 th June 2022	
Parent contribution	£100.00 This trip is payable through your parentmail account.	A non-refundable deposit of £25.00 is due by Monday 28th February 2022 to secure a place. The remaining £75.00 may be paid in instalments - by no later than Friday 27th May 2022
A packed lunch is required for this trip.	No	All food is included in the price of the trip and children will have their lunch at Penshurst Place when they arrive.
Any special equipment/clothing	A kit list will be supplied separately	
Travel arrangements and any other important things to note	Leaving school at 9.00am Thursday 23rd June 2022 and returning to school for 3.45pm on Friday 24th June 2022	
Parent helpers required	Not Required	

Financial assistance can be arranged if your child receives pupil premium. Please speak to the office on 01622 752102 or office@brunswick-house.kent.sch.uk.

Where a pupil, having made payment does not attend a trip for any reason and Brunswick House Primary School has made a financial commitment, the student will be liable for the full payment of all costs to the school.

If you should have any queries regarding this trip please speak to your child's class teacher.

Please return reply slip overleaf by **Friday 25th February 2022**

Thank you for your continued support.

The Year 5 team

Reply slip overleaf/

Respect

Teamwork

Empathy

Self-Belief

Honesty



Bushcraft Residential Trip – Thursday 23rd June 2022 - Friday 24th June 2022 - Reply slip.

Please return to your child’s class teacher or the school office by Friday 25th February 2022

Child’s Name..... Class

I give permission for my child to go on the above trip.

Parent/Guardian Signed.....

Should the necessity arise I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent/Guardian
(Please **Print name**)

Parent/GuardianDate.....
(Please **Sign**)