

Montpelier Primary School North Down Rd, Beacon Park, Plymouth, PL2 3HN Tel: 01752 216160 e-mail: admin@mpsplymouth.net Web site: www.montpelierprimary.co.uk



13/02/2020

Dear Parents/ Careers,

Year 3 Residential

This year, we would like to offer the children to chance to take part in an overnight residential which will take place at school. The children will come to school as normal on a Friday and any children that take up this opportunity will then stay in school until 9am the following day. Our plan is to have a sleepover in the school halls and with lots of fun and exciting activities throughout the evening. The residential will take place on <u>Friday 19th June 2020.</u>

<u>Cost-</u> Everything will be covered within the cost of the residential and we hope that there will be enough children interested in taking up this opportunity. The cost of the residential will be **£10** and this will cover all food, drinks and activities. **Please return the permission slips to the class teacher by Friday 24th April.** Contributions should be made using the school cashless payment system by the same date. A final decision will be made at this date as to whether or not we have enough interest for this. If you need any assistance with the cashless system please contact the Admin Team.

<u>What to bring-</u> The children will need to bring a sleeping bag, roll mat and pillow to sleep in the hall. Children will need sensible bedtime clothes to sleep. A full list of equipment will be sent out closer to the time. No electronic devices will be allowed to be brought in.

Adult Support- We require no parent helper support for the evening.

Permission Slip- We would ask that everyone could please complete and return the below signed permission slip .

Any questions, please see your class teacher,

The Year 3 Team

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Teal 5 Residential – Filoay 19 Julie	e 2020 (Permission slips to be returned Friday 24 th April)	

_____to take part in the Year 3

I give permission for my child _____

residential at Montpelier Primary School.

Please tick/fill in the information table below

Dietary Requirements	Vegetarian	Vegan	Other (Please state)
Medical Requirements			
Any useful			
information			
Parental Contact for			
emergencies	Name:		
	Number:		

Signed_____ Date_____