

THE BURTON BOROUGH SCHOOL

A Specialist Arts College



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26th March 2010

Dear Parents/Carers

The History Department has arranged for the students in 9DCO, 9AW, 9HN and 9EH to visit the RAF Museum at Cosford on Tuesday 20th April 2010. Two classes will visit the Museum in the morning and two in the afternoon. When they are in school the classes will be involved in model making and research about World War II Life on the Home Front.

Pupils will be able to eat lunch in school but are recommended to bring a packed lunch due to the timings of the day. All pupils should **wear old clothing** or at least bring an old shirt to wear to protect their clothes during the model making activity.

Entry to the museum is free, but it is necessary to cover transport to and from the Museum making a total cost per pupil £2.00. Under the requirements of the Education Reform Act 1988, we can only raise the cost of the visit by voluntary contributions. There is no obligation to contribute and children will not be treated differently according to whether or not any contribution has been made. However, the visit can only go ahead if the level of support is sufficient.

Please complete all relevant details and return forms and money in an envelope clearly labelled **COSFORD VISIT** and your son/daughter's name and history teacher by Wednesday 31st March 2010 at the latest.

Yours faithfully

Mrs Hook

Hilary Hook
HLA Humanities



Please complete and return - Y9 History visit to RAF Cosford

Name of pupil: Form:

I would like my son/daughter to participate in the above visit to Cosford on Tuesday 20th April.

I enclose **£2.00** to cover transport

Signed: Parent/Guardian Date:



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SCHOOL VISITS - PARENTAL CONSENT

Visit to: RAF Cosford

Date: Tuesday 20th April 2010

Leave school: 9.00am or 12.45pm

Arrive back: 12.15pm or 3.30pm

Teacher in charge: Mrs. Hook

Having given consent to my son/daughter

Name Option Form

taking part in the activity arranged by the school as stated above, I confirm that:

- * my child does not suffer from any condition requiring regular treatment
- * my child suffers from
requiring regular treatment as described in the letter attached.

(* Please delete as appropriate)

I also consent to medical or such surgical treatment deemed necessary by a qualified practitioner or to first aid being administered in the case of my son/daughter if an emergency should occur at a time when my consent to the particular treatment cannot otherwise be reasonably obtained.

Telephone Number for contact in the event of an emergency:

Home Tel No

Emergency Tel No

Signed
Parent/Guardian

Date

Doctor's Tel. No.

This form to be completed and returned to school as soon as possible.