



# WEST LYNN PRIMARY SCHOOL

St Peters Road, West Lynn,  
King's Lynn, Norfolk, PE34 3JL



Executive Headteacher: Ms J. Borley

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15<sup>th</sup> March 2023

## Ferry Trip 24.03.23

Dear Parents/Carers,

We are pleased to tell you that a trip has been arranged for Reception to go on the West Lynn Ferry as part of their Transport topic. The children will go across the river on the ferry, do a drawing and come back.

This trip will take place during the school day and they will be back in time for lunch. Children are expected to wear full uniform and have a warm coat.

The cost of the trip is **£1.70** per pupil. If you would like for your child to take part in this trip, please give your consent on ParentPay no later than **21<sup>st</sup> March**. A medical consent form will need to be completed on your child's ParentPay account along with payment of your initial deposit. Your child's place will not be secured until you have completed the consent on ParentPay.

If assistance is required with the cost of this visit, please contact the school to obtain an application form for the school's **Learner support fund**. If insufficient contributions are raised to fund this trip, the school reserves the right to cancel this excursion.

Further remittance advice is available within the schools charging and remittance policy available on the school website and parents are encouraged to refer to this.

By providing your permission you will be accepting that you understand the following:

- I fully understand and accept that, while the supervisory adults in charge of the group will take all responsible care of my child, neither they, nor West Norfolk Academies Trust, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of West Norfolk Academies Trust, its employees or official volunteers.
- I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present. Please provide any details of any medication that your child will need to have on the day on the reverse of this form.
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Should you have any questions or concerns, please do not hesitate to contact me.

Yours sincerely,

**Miss Sewell**  
**Reception Teacher**

