

# WEST LYNN PRIMARY SCHOOL



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

Executive Headteacher: Ms J. Borley



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Friday 7<sup>th</sup> November 2025

Dear Parents/Carers,

## Year 6 Chemistry Kitchen Workshop – Thursday 20<sup>th</sup> November 2025

We are writing to let you know that Year 6 have been invited to Springwood High School on Thursday 20<sup>th</sup> November 2025 to attend a chemistry workshop.

The event will take place late morning and they will be back before the end of the school day. Your child will need a home or school packed lunch. If a school packed lunch is required, please order this in the normal way via your MCAS account by Saturday 15<sup>th</sup> November. Please send your child to school in full school uniform and ensure they have their water bottle.

The cost of the trip is **£5** per pupil. If you would like for your child to take part in this trip, please give your consent and pay on your MCAS account by **no later than Monday 17<sup>th</sup> November**. Your child's place will not be secured until you have completed the consent on MCAS.

**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.
- I also confirm I am happy for my child to be transported by coach to and from this event. I am happy for my child to share transport with Walpole Cross Keys Primary. I understand the extent and limitations of the insurance cover provided.

Should you have any questions or concerns, please do not hesitate to contact me.

Yours sincerely,

Mr D Ryan  
Assistant Headteacher/Year 6 Teacher



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