



ALL SAINTS SCHOOL
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E-mail: office@allsaintslessingham.co.uk

ACHIEVEMENT FOR ALL

Directors: Mrs J Gardiner and Mrs R Smith
Headteacher: Ms S Dangerfield



Wednesday 10th May 2023

Dear Parents / Carers

Year 7 trip to Norwich Castle Thursday 18th May 2023

A trip has been organised for Year 7 to visit Norwich Castle, to handle artefacts and to learn about medieval Norwich

The visit will be on Thursday 18th May 2023. We will be leaving school at 9.00 am and travelling by school transport, returning to school in plenty of time before the taxis leave at 3.15pm.

Important information for the trip:

School uniform and suitable walking shoes must be worn. The trip will go ahead regardless of the weather, so please ensure your young person brings a coat/sunscreen. They will need to bring a packed lunch and a water bottle (No energy drinks please) ideally in a rucksack.

In line with the school policy, mobile phones and other electronic devices are not permitted on trips.

There is a voluntary contribution of £5 per student to cover part of the entry fee. Payment may be made by cash, cheque or BACS (please see details on next page).

This contribution is genuinely voluntary and neither you nor your child will be treated differently if you are unable or choose not to contribute. However, if insufficient voluntary contributions are raised to cover the cost of the visit, it may not be able to go ahead.

If you need any assistance with this cost please contact the school office on office@allsaintslessingham.co.uk or by telephoning 01692 582083.

Please complete the attached consent form and return it to the school office by **Monday 15th May 2023**.

Kind regards,

Mrs Austin

Year 7 trip to Norwich Castle
Thursday 18th May 2023

I *consent / do not consent to my *son / daughter to go on the Norwich Castle trip on 18th May

I enclose a voluntary donation of £..... *cash / cheque (cheques payable to All Saints School)

Payment has been made via bank transfer

For payment via BACS:

Name: All Saints School

Sort code: 20-99-21

Account: 73137732

Reference: Norwich Castle

Student Name _____

I authorise the teacher in charge to act on my behalf in an emergency if they know it would not be advisable to wait for my agreement.

Parent / Carer Name _____

Parent / Carer Signature _____

Emergency Contact number _____

Does your child have any medical needs we need to know about for this trip?

****All reply slips will be shredded when students return to school.***