

ALL SAINTS SCHOOL School Road, Lessingham, Norwich, Norfolk NR12 ODJ 01692 582083 www.allsaintslessingham.co.uk E-mail: <u>office@allsaintslessingham.co.uk</u>

## ACHIEVEMENT FOR ALL

Directors: Mrs R Smith and Mrs J Gardiner Head Teacher: Mrs S Dangerfield



Friday 7<sup>th</sup> June 2024

Dear Parents and Carers

## Reward trip to Jump Warehouse Monday 1<sup>st</sup> July 2024

A trip has been organised for Years 7 and 8 to visit Jump Warehouse in Great Yarmouth as a reward for good behaviour.

The visit will be on Monday 1<sup>st</sup> July, leaving school at 11.30am and travelling by coach, returning to school in plenty of time before the taxis leave at 3.15pm.

## Important information for the session:

Students should wear PE kit for this trip. Jump is providing each child with socks to use. They will need to bring a packed lunch and a water bottle (No energy drinks please), ideally in a rucksack.

Once we arrive at Jump, we will provide the child's name and date of birth and a staff member will complete a waiver form on the students' behalf. All students will also watch a safety video before being allowed on the equipment. A copy of the waiver form can be found on their website should you wish to have a look but you **do not need to complete this**: <u>https://jumpwarehouse.co.uk/great-yarmouth/waiver-form/</u>

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

There is no cost for this trip, it has been funded by the school.

If you have any questions about this trip, please contact the school office on <u>office@allsaintslessingham.co.uk</u> or by telephoning 01692 582083.

Please complete the attached consent form and return it to the school office by Monday 24<sup>th</sup> June.

Kind regards,

Nicky Austin, Luella Cossey and Jack Hayes

## Reward trip to Jump Warehouse Monday 1<sup>st</sup> July 2024

I \*consent / do not consent to my \*son / daughter to go on the Jump Warehouse trip on 1<sup>st</sup> July.

| Student Name   |   |                          |
|--|---|--------------------------|
| I authorise the teacher in charge wait for my agreement. | to act on my behalf in an emergency if they know it w | ould not be advisable to |
| 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.