Mr Mark Griffiths
Headteacher

With God, all things are possible.

ST. MARGARET'S ANFIELD CE PRIMARY SCHOOL
Lower Breck Road, Liverpool L6 4BX
Email: admin@st-margaretsanfield.liverpool.sch.uk
Telephone: 0151 260 5522

30th September 2026

Dear Parent/Carer,

Year 1 Trip to the Liverpool World Museum

Year 1 will be going to the Liverpool World Museum on **Wednesday 14th October 2026**. The visit is split into two sessions, the first class will be leaving school at 10:45am and returning by 12:45pm. The second class will be leaving school at 12:45pm and returning by 2:30pm.

Children must be wearing their full school uniform for the trip.

We are asking for a voluntary contribution of **£5.00** towards the cost of the trip. The total cost of the transport is £8.04 per child. The cost of visiting the actual museum is free. The requested contribution for this trip is voluntary, but the trip can only take place if the school receives sufficient contributions. In the event that the trip has to be cancelled, a full refund will be given.

Please pay your £5 voluntary contribution by **Friday 9th October 2026**. May we remind you that trips should be paid for using school's preferred method of the Arbor Parent App.

Please complete the consent slip attached and the medical details on the attached form and return to school by **Friday 9th October 2026**.

Yours sincerely,

Miss Hannah
History Lead

Mrs Adcock, Miss Eagle & Miss Burke
Year 1 Class Teachers

PLEASE RETURN THIS SLIP BY FRIDAY 9TH OCTOBER
Year 1 Trip to the Liverpool World Museum

Child's Name: ..... Class: .....

- ☐ I give my child permission to go to the Liverpool World Museum on **Wednesday 14th October**
- ☐ I enclose a cash voluntary contribution of **£5.00**
  or
- ☐ I have paid using the Arbor Parent App

Signed ..... (Parent/Carer) Date .....

CHILD'S DATE OF BIRTH: .....

HOME ADDRESS: .....
.....
.....

EMAIL ADDRESS .....

EMERGENCY CONTACT NAMES AND NUMBERS (Please supply at least two)

1. .....
2. .....
3. .....

Does your child have any known medical conditions? Please circle Yes/No

Further information about medical conditions/allergies:
.....
.....
.....
.....
.....

Date of last tetanus injection if known: .....

Name and number of GP/Surgery: .....

NB If your child uses an inhaler, he/she MUST bring it to all sessions and / or competitions and other events.