

THE BRITISH INTERNATIONAL SCHOOL

Puxi, Shanghai



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ANGLIA**
EDUCATION

HELPING OTHERS
TO BE THE BEST
THEY CAN BE

15 April 2014

Dear Parents/Guardians,

RE: YEAR 3 PAPA JOHN'S RESTAURANT VISIT

Next week, Year 3 will be having an educational visit to Papa John's Restaurant on Jinfeng Rd. This visit will link to our Literacy work on instruction texts and the children will have the opportunity to make a pizza to enable them to write the instructions later in the week. As Papa John's will not be able to accommodate the entire year group at one time, the visit will take place during three different sessions. We will walk to the restaurant and each group will return before the end of the school day, so children will be able to attend ECAs or go home as normal. Children are expected to wear full school uniform on this day and lunch time routines will not be affected.

The visits will take place on:

The afternoon of Monday 21 April- Class 3I

The morning of Tuesday 22 April- Class 3B and 3P

The morning of Thursday 24 April- Class 3S and 3U

In order that your child is able to participate in this visit, please fill in the permission slip below and return to your child's class teacher by Friday 18 April. Students without a completed permission slip will not be able to take part in the visit.

We will also need one parent per class to accompany us on the day. If you would like to join us on the visit, please let us know on the slip below. We will let you know who we will be asking to accompany us via the communication book, once all the slips are returned.

If you have any questions, please do not hesitate to contact the Year 3 teachers.

Kind regards,

The Year 3 Team

PERMISSION SLIP: YEAR 3 PAPA JOHN'S RESTAURANT VISIT

Monday 21 April, Tuesday 22 April or Thursday 24 April

please complete and return to your child's classroom teacher by Friday 18 April.

I give permission for _____ in class _____ to attend the Year 3 Papa John's Restaurant visit.

Emergency Contact details:

Name _____ Relationship to child _____

Mobile number _____ (Please ensure switched on)

I authorise BISS staff to take necessary action in the event of medical emergency.

Please detail any allergies/medical conditions we should be aware of:

Signed (Parent/Guardian) _____ Print name _____

I would like to join you on your visit _____ (Please tick if you would like to come.)