

THE BRITISH INTERNATIONAL SCHOOL

Puxi, Shanghai



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EDUCATION

HELPING OTHERS
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THEY CAN BE

16 April 2014

Dear Parents/Guardians,

RE: YEAR 4 ZHUJIAJIAO VISIT WEDNESDAY 7 MAY 2014

As part of our Humanities work on comparing locations, Year 4 we will be visiting the ancient water town of Zhujiajiao. The visit will take place on Wednesday 7 May and will be a full day trip, leaving school at approximately 9:00am and returning before the end of the normal school day. Children will then be able to attend ECAs or go home as normal. The school buses will be used for transportation to and from Zhujiajiao.

Students who normally have school lunch will be provided with a packed lunch on the day. All other students will need to provide their own lunch. Students will be required to wear full school uniform as normal on the day. We also ask that children bring a hat and wear sun-cream for protection against the sun. Students who wish may bring a camera on the visit, however the children must look after these themselves as the school will not take any responsibility for lost cameras on the day.

If you are happy for your child to accompany us on this visit, please fill in the permission slip below and send it back to your child's class teacher. We will also need two parents 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 and we will respond to your offer once we have received all forms.

Please sign and complete the attached consent form and return to your child's class teacher by Monday 28 April. Students without a completed consent form will not be able to take part in the visit.

If you have any questions, please do not hesitate to contact the Year 4 teachers.

Kind regards,

The Year 4 Team

PERMISSION SLIP: YEAR 4 ZHUJIAJIAO VISIT WEDNESDAY 7 MAY 2014

Please complete and return to your child's classroom teacher by Monday 28 April.

I give permission for _____ in class _____ to attend the Year 4 Zhujiajiao trip.

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.)

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