



HELPING OTHERS
TO BE THE BEST
THEY CAN BE

5 May 2014

Dear Parents/Guardians,

RE: YEAR 1 VISIT TO SHANGHAI NATURAL INSECT KINGDOM

This term we have been learning about Plants and Insects. This topic will come to an exciting end with a visit to the Shanghai Natural Insect Kingdom. We would like the children to extend their knowledge about insects and plants and also make meaningful connections to what they have learned in school.

Date of Trip	Classes visiting Shanghai Natural Insect Kingdom
Thursday 15 May	1I, 1X and 1B
Friday 16 May	1S, 1U and 1P

We will be leaving school at approximately 9.00am and returning to school in the afternoon in time for the usual end of day arrangements. 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. You may pack an additional drink and small healthy (nut-free) snack should you wish to. Students will be required to wear uniform as normal on the day, but should wear comfortable walking shoes and a jacket. Pupils will be allowed to bring 50 RMB in their school bag to spend at the museum shop. The experience of buying items and receiving change will be a good link to our recent Maths topic. Children will be responsible for looking after their own money.

Please sign and complete the attached permission form and return to your child's class teacher by Friday 9 May. Students without a completed form will not be able to take part in the visit. We would like two parent volunteers from each class to support us on this day. Please let us know if you would like to volunteer on the slip below.

Kind regards,

Mr. Clayden
Year 1 Leader

PERMISSION SLIP: YEAR 1 VISIT TO SHANGHAI NATURAL INSECT KINGDOM

Classes 1I, 1X and 1U Thursday 15 May, Classes 1S, 1B and 1P Friday 16 May.

Please complete and return to your child's classroom teacher Thursday 8 May.

I give permission for _____ in class _____ to attend the Year 1 visit to Shanghai Natural Insect Kingdom on the specified date.

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 a medical emergency.

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

Signed (Parent/Guardian) _____ Print name _____