

BIDSTON AVENUE PRIMARY SCHOOL



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HEADTEACHER: Mr. S.G. Brady B.Ed. (Hons), NPQH, FCCT



14th May 2025

Dear Parent/Carer

Year 4 Trip to the Deva Roman Experience on **Friday 23rd May**, Year 4 will be visiting the Deva Roman Experience, Chester as part of their history unit 'Romans'. The children will be taking part in a Roman soldier tour, a Roman workshop and also spend time in the Roman Galleries.

The children will be travelling to Chester by coach, leaving school at 9.15am returning by 3.15pm. The cost of the visit is £14.00 and payable through Parentpay. The cost to children eligible for Pupil Premium will be £7.50.

Children will need to bring their lunch and a drink in a carrier bag which the children will carry around with them. If children are entitled to free school meals, a packed lunch will be provided. Sensible shoes and a waterproof jacket must also be worn.

Please complete, sign and return the attached form by **Friday 16th May**, giving permission for your child to take part in this visit.

Your sincerely,

S.G. Brady
Headteacher

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School Visit to: **Year 4 Trip to the Deva Roman Experience, Chester** Date: **Fri 23rd May 2025**

I agree to my son/daughter/ward

Full name:-----

Class:-----

Taking part in the above-mentioned visit and having read the letter, agree to his/her participation to any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. **Please ensure that if your child suffers with asthma that they take their inhaler with them on this trip.**

I understand that the teacher in charge of the party will be acting in loco parentis and in the event of an accident I agree to my son/daughter/ward receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary the medical authorities present.

I understand that Wirral Borough Council is insured in respect of its legal liabilities only and that there is no Personal Accident or other cover, unless I have been advised specifically by the organiser.

Accidents may therefore arise for which the Council is not responsible. Parents/Carers may wish to obtain suitable insurance to cover such eventualities

Signed:----- Parent/Carer

Tel. No: ----- Date: -----

- Payment has been made on ParentPay
- My child requires a packed lunch (children entitled to free meals only)
- I am available to help on this visit (your child's class teacher will contact you to let you know (if your help is needed)

(please tick as appropriate)

**PLEASE RETURN TO SCHOOL BEFORE FRIDAY 16th MAY
IF THIS FORM IS NOT RETURNED PRIOR TO THE DATE OF THE TRIP YOUR CHILD WILL NOT
BE ABLE TO TAKE PART**