

HEADTEACHER: Mr. S.G. Brady B.Ed. (Hons), NPQEL, CGA, CMgr, FCMI, FCCT

11th June 2026

Dear Parents/Carers

F2 visit to Knowsley Safari Park

To link with our topic of Animals and Minibeasts we would like to take the children to visit Knowsley Safari Park on **Monday 6th July**. We will have the opportunity to learn about different habitats and the way some animals live.

We will be leaving school at approx. **9.15a.m.** and will return by **3.00p.m.** The cost of the trip is **£12.50 per child** including transport. If your child is Pupil Premium, the cost is **£7.50**. The trip is also subsidised by our Home School Partnership.

School can provide a packed lunch for **all** children on this day. Please complete the attached slip to indicate if your child is having a school packed lunch or bringing a packed lunch from home. Could you also ensure your child wears their **Bidston Avenue uniform** so that we are easily recognisable as a group. Your child will need to wear **sensible shoes** and bring a **waterproof coat**. No pocket money will be required.

Please sign the attached **permission slip**. Payment for the trip will be via ParentPay and we would be grateful if you could pay for this trip as soon as possible.

We will also need adult helpers to assist on the trip. Please tick the box on the attached slip if you can help. We are only able to take 4 extra adults therefore these places will be drawn out of a hat if we receive more requests.

Yours sincerely,



S G Brady
Headteacher

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BIDSTON AVENUE PRIMARY SCHOOL

SCHOOL VISIT

School visit to: Knowsley Safari Park

Date: Monday 6th July 2026

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 by the medical authorities present.

Signed: _____ Parent/Carer

Tel. No: _____ Date: _____

My child will have a packed lunch from:

school home

I have paid for the trip on ParentPay, £12.50 (£7.50 for Pupil Premium)

I am available to help with the trip

(please tick as appropriate)

**PLEASE RETURN TO SCHOOL AS SOON AS POSSIBLE.
IF THIS FORM IS NOT RETURNED PRIOR TO THE DATE OF THE TRIP YOUR CHILD
WILL NOT BE ABLE TO TAKE PART.**