BIDSTON AVENUE PRIMARY SCHOOL

THE PEOPLE'S LEARNING TRUST

Tollemache Road, Birkenhead, Wirral, CH41 0DQ

Tel: (0151) 652 1594
Email: schooloffice@bidstonavenue.wirral.sch.uk
Web: https://www.bidstonavenue.wirral.sch.uk

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

Bidston Avenue Primary School — Achieving Together

30th June 2026

Dear Parents/Carers

F1 visit to Tam O'Shanter Farm and Bidston Hill

To link with our topic of Growing and Minibeasts we would like to take the children to visit Tam O'Shanter Farm on **Thursday 9th July**. We will have the opportunity to learn about different animals and go on our own minibeast hunt.

We will be leaving school at approx. **1:00 p.m.** and will return by **3:00 p.m**. There is no cost for this trip. Please 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.

If your child does not attend Nursery on a Thursday afternoon, they are more than welcome to come. You will need to meet us at Tam O'Shanter Farm at **1:30 p.m.** An adult will need to stay with your child for the duration of the trip. This is due to staff ratio.

Please sign the attached **permission slip**.

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 5 extra adults therefore these places will be drawn out of a hat if we receive more requests.

Yours sincerely,

PP K E Hackett

S G Brady
Headteacher

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BIDSTON AVENUE PRIMARY SCHOOL

SCHOOL VISIT

School visit to: Tam O'Shanter Farm and Bidston Hill Date: Thursday 9th 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: ____________________

☐ 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.**