

## **Chantry Community Academy**



Mrs K Duncan Headteacher

Mr A Reese Chief Executive Officer Ordnance Road, Gravesend, Kent, DA12 2RL

Tel: 01474 350011 Email: office@chantry.kent.sch.uk Website: www.sflt.org.uk

4<sup>th</sup> October 2022

Dear Parents and Carers,

## Year 5 Trip to the Royal Observatory Greenwich

On Tuesday 15<sup>th</sup> November 2022, Year 5 will be visiting The Royal Observatory in London to take part in their Planetarium show to support our learning in science about space and our Solar system.

We will be travelling to Gravesend train station by walking, and then using the train to travel to Maze Hill station where we take a short walk to the Royal Observatory.

The cost of this trip is £7.60 per child. Please make a voluntary contribution for this trip using ParentPay. We will not be able to accept any money as we are a cashless school. Unfortunately, if there are not enough payments made, this trip will not be able to go ahead.

We will be leaving school promptly at **9:15am** so it is essential all children are in school on this day on time. We will be arriving back to school at approximately **4:30pm**. Children will need to be collected from the patio by the school office.

Your child will need to be in school uniform and bring in a small backpack including a packed lunch, water bottle and sensible, walking shoes and a coat. If you require a school packed lunch for this trip, please fill out the form below, indicating the choice of food.

Kind regards

Mr R. Ward

Dahl Class Teacher





















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## Year 5 Trip to the Royal Observatory, Greenwich

Child's Name:	Class:	
· I give permission for my child to attend the Ye		
· My child is allergic to (please specify):		
My child takes the following medication (please	e specify):	
In the event of an emergency, I agree to the peranaesthetic to be administered, or for any other	erson in charge giving co	onsent on my behalf for an
Please ensure that your child brings any medallergic to any form of medication.	dication required and p	lease advise us if your child is
Emergency Contact Number:		
Name of Emergency Contact:		
Relationship to child:		
Signed:		
Parent(s) Name:		
Date:		
My child requires a school packed lunch:		
Choice of sandwich filing: cheese / ham / tuna		
Dietary Needs (i.e. food allergies / vegetarian) _		

















