

14th September 2026

Dear Parents/Carers,

We are very excited to have secured a booking for a trip to **Foxlease Park, Lyndhurst**, on **Wednesday 14th October**. This visit will enrich our Geography unit on map reading and give the children a wonderful opportunity to experience the great outdoors in a beautiful setting.

Throughout the day, children will take part in a variety of fun, outdoor activities led by the expert team at Foxlease, giving them the opportunity to apply and develop the map-reading and orienteering skills they will have been learning in school.

We will be travelling by coach, leaving school at **9:00am** and returning **before the end of the school day**.

Children should wear **warm, comfortable outdoor clothing**. **Wellies or sturdy outdoor shoes** are recommended.

Please ensure your child brings a **packed lunch and a drink**. If your child receives free school meals, a packed lunch will be provided for them.

The cost of the trip is **£19.90**, which includes the **fee** to the centre, and coach travel. Payment should be made via **Arbor by Wednesday 7th October**. Unfortunately, if we do not receive sufficient funds by this date, we may need to cancel the trip to avoid incurring a cancellation fee.

Please complete the form below to indicate your **permission for your child to attend** and, if applicable, their **packed lunch choice**. If you are able to help on the day of the trip and have a current DBS check, please let your child's class teacher know.

We are looking forward to an exciting and memorable day!

Kind regards,

Laura Phillips
UKS2 Phase Leader

Y6 FOXLEASE PARK TRIP

Child's Name: _____ Class: _____

Emergency contact name and phone no. on the day of the trip:

	I give permission for my child to go on the trip to Foxlease Park on Wednesday 14 th October.
	I have made an online payment of £19.90
	My child is entitled to free school meals and would like a packed lunch with the following sandwich filling (please circle): ☐ cheese ☐ ham
	I consent to any necessary medical treatment should the need arise.

Signed: _____ (parent/carer) Date _____