BLACON HIGH SCHOOL
SUCCESS THROUGH PARTNERSHIP

V.VISITS.16/17

1st December 2016

Dear Parent/Carer

Blist Hill Victorian Village – Wednesday 8th February 2017

The English Department are delighted to inform you about a trip to Blist Hill Victorian Village, for Key Stage 3 students, to experience elements of the 19th Century. This will include some activities in the visitors centre to understand what the Victorians did for entertainment, a walk around a recreated Victorian Village and a tile making workshop in the afternoon.

As you know, this is a valuable opportunity to help your son/daughter understand Victorian culture which is crucial to the new GCSE specification in English. The total cost of the trip will be £15. As there are only 80 places available and (we would like the whole of the cohorts to participate) we anticipate a high demand. **Therefore, to secure a place please ensure the permission slip and the full amount (£15) is returned by Friday 17th December.**

The trip will take place on **Wednesday 8th February 2017**. We aim to **leave school at 9am and return at 3pm**; normal school day timings apply. I advise students wear their own (appropriate) casual clothes (items they do not mind getting dirty) and sensible footwear. We will be travelling there by coach; this is included in the price.

Students will need a packed lunch unless they are entitled to free school meals which one will then be provided. If you would like to give your child some spending money for a drink, ice cream or gift shop, I would suggest no more than £10.

Yours sincerely

R. Ward.

Miss R Ward
English Teacher

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BLACON HIGH SCHOOL **Blist Hill Victorian Village 2017** **(Return to Student Services)**

Student name: …… Tutor Group: ……

I give permission for my son/daughter to take part in the school trip to Blist Hill Victorian Village.

My child is entitled to a free school meal: *(please circle)* YES NO

Please give **2** emergency contact number's: ……

Please detail any medical conditions that your son/daughter has: ……

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Signed: …… *(Parent/Carer)* Date: ……

Melbourne Road, Blacon, Chester CH1 5JH
Phone 01244 371 475 Email admin@blaconhigh.cheshire.sch.uk
Website www.blaconhighschool.net Headteacher Mrs Susan Yates BA, MA, NPQH

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