



# OAK HILL FIRST SCHOOL

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Headteacher: Miss L Kelly - BEd (Hons)

4<sup>th</sup> May 2018

Dear Parent / Carer

## Year 4 Trip to Parliament, London 2<sup>nd</sup> July 2018

To develop the children's learning in British Values, we have an opportunity to take a tour around the Houses of Parliament, participate in a workshop and then possibly meet our local MP.

We will be going on **Monday 2<sup>nd</sup> July**, leaving school at 9am and returning by 8.30pm. There will be **no cost** for this trip; it will be funded by the school as it is such an exciting opportunity for the children to be a part of before they leave Oak Hill. However, you will need to return the consent form at the bottom of this letter to school by **Friday 15<sup>th</sup> June** and ensure that you will inform the school of any changes to your child's medical condition or individual needs, agreement to medical treatment and any changes to emergency contact numbers by **Monday 25<sup>th</sup> June**.

The children will need to bring a packed lunch and tea for this day as we will stop and have lunch on our way to London and then have our tea on the way back. Their food can be packed in lunch boxes in a bag as the bags will be stored in lockers while we are in Parliament. If your child receives free school meals, a packed lunch will be provided for them, however, you will need to send them with food for their tea.

Children will need to wear school uniform with sensible footwear as we will be on our feet all day. Also they will need sun cream applied prior to coming to school (e.g Boots "Once") and extra drinks if it is a really hot day! If you have any further questions about this trip, don't hesitate to contact me.

Yours sincerely

Mrs A Stanton

Visit Lead

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I, the parent of \_\_\_\_\_ in class \_\_\_\_\_  
give consent for my child to go to the Houses of Parliament, London, on 2<sup>nd</sup> July 2018 and I will collect / arrange  
collection of my child from Oak Hill at 8.30pm.

I will inform the school of any changes to my child's medical condition or individual needs, agreement to medical  
treatment and any changes to emergency contact numbers.

My emergency contact number is: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_