

Colmers Farm Primary School

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Senior Head Teacher: Mr Williams
Head of School: Mrs Young
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21st October 2024

Dear Parent / Carers,

Year 1 – Black Country Living Museum Trip

On **Wednesday 26th and Thursday 27th February 2025** our Year 1 children will be going to the Black Country Living Museum. The visit will link into the children's topic of learning at that time and will no doubt be a very enjoyable experience.

The children will travel via our school minibuses on their allocated day after morning registration and will return to school ready for the normal pick-up time of 3:15pm. 1K will visit the BCLM on Wednesday 26th February and 1W will go on Thursday 27th February 2025.

In order to be able to offer this wonderful trip we are asking for a contribution of £8 per child which can be paid for under the trips section on Arbor.

We have listened to parent feedback about spreading the cost of trips/workshops across the year and being able to pay via smaller instalments which is why we will be trying our very best to send out notification of trips/workshops with as much notice as possible. We hope that by doing this we will have enough parent contributions to ensure we do not have to cancel any school trips/workshops this year.

Please fill in the permission slip attached and return this to your child's class teacher by **Monday 4th November** so we can ensure this trip is able to take place.

If you have any issues with paying for your child's place, please feel free to contact the school on 0121 716 0444 or email enquiry@colmersfarm.excelsiormat.org.

Yours sincerely,

Mrs Young
Head of School



2022-2025



Artsmark
Silver Award
Awarded by Arts
Council England



SCHOOL
MEMBER

Year 1 – Black Country Living Museum Trip

Childs name:

Class:

I give permission for my child to attend the Black Country Living Museum Trip in February 2025.

All children in Year 1 are entitled to a Free School Meal - please can you select their sandwich choice below.

Sandwich choice (please circle):

Ham

Cheese

Tuna

Parent name:

Signature:

Emergency contact number:

Date:
