



Play Together, Learn Together, Achieve Together.

E-mail: admin@meadows.shropshire.sch.uk

Website: www.meadows.shropshire.sch.uk

The Meadows Primary School
Harlech Road,
Oswestry,
Shropshire,
SY11 2EA



Telephone: 01691 656080

Fax: 01691 676169

Headteacher: Mrs Karen Morris

Deputy: Mrs Angie Jones

To Parents of Children in Puffins

24th September 2021

Dear Parents,

Ty Mawr Country Park, 8th October 2021

As part of our river studies this term, we have organised a visit to Ty-Mawr Country Park. The children will be taken on a guided walk around the park, learn how to map read and investigate the effects a river can have on an environment.

The children will leave school after registration and travel by minibus to the country park. We aim to be back at school by the end of the school day. They will need to wear their normal school uniform, although they can wear joggers instead of school trousers or skirts as the weather might be cold. A warm, waterproof coat and sensible footwear (e.g., wellies) would also be a good idea, as would a water bottle (plastic only please). All children entitled to free school meals will have a packed lunch provided by the school kitchen on the day. If anyone else would like to order a packed lunch from the school kitchen, then please tick the box on the slip below and you will receive a separate order form for this a few days before the visit.

To cover the cost of the minibus, we are asking for a voluntary contribution of £2.50 per pupil.

This experience will only be possible if we receive sufficient contributions.

Yours sincerely,

Mr Durrell

Year 3 Class Visit to Ty-Mawr Country Park, 8th October 2021

I give permission for my child _____ (name) to go on the visit Ty-Mawr Country Park.

A payment request for £2.50 will be sent to you via our online school money system.

Please tick the box if you wish to order a packed lunch from the school kitchen for £2.30 (payable online) ☐

Emergency Contact 1: Name: Tel No:

Emergency Contact 2: Name: Tel No:

Does your child suffer from any medical condition e.g. asthma or any other condition requiring medication? Yes/No (please delete) If yes, please provide further details here.....

Signed _____ (Parent/Carer) Date _____