**Headteacher:**

Mrs Lorna Buchanan Thursday 4th September 2015

Dear Parent/Guardian

**Year 6 ‘STEAM’ Museum – A unique wartime day for schools: Tuesday 28th September 2015**

Our topic this term is going to be ‘World War Two’ and we have been lucky enough to secure a visit to ‘STEAM’ Museum, Swindon, to enhance our learning outside of the classroom on Monday 28th September. The museum is holding their annual wartime event ‘We’ll Meet Again’ during September, whereby the museum at STEAM is transformed to recreate the era of the Second World War. Children will have the opportunity to live the war for a day and immerse themselves in the sounds and sights of the Home Front. We are asking for a voluntary contribution of £18.00 to cover the cost of the trip and coach. Please ensure you have your consent form returned to school no later than **Friday 18thth September 2015.**

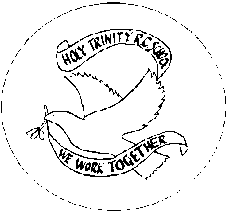
Teachers and pupils are encouraged to arrive dressed 40s style to add to the wartime atmosphere. For some tips and ideas to enable the children to come dressed up and in the role of evacuees, please see the attached letter, issued by ‘STEAM’. These are only suggestions, so please don’t feel that you have to do everything (unless you want to!) In the meantime, please do also take a look at [www.**steam**-museum.org.uk](http://www.steam-museum.org.uk) for further information.

Please ensure you child is in school, to be registered, by **8.30am on Monday 28th September** as we will leave school promptly at 8.40am and travel, by coach, to STEAM Museum. We intend to depart by 2.00pm and hope to be back at school by 3.00pm for you to collect your child at the end of the school day.

Your child will need to bring a packed lunch (rationed if you wish) in a backpack. We will not be visiting the shop on site, therefore no spending money is needed on the day.

Yours sincerely

Mrs Natalie Medler

**PARENT/GUARDIAN CONSENT FORM**

STEAM Museum – Monday 28th September

I have read and understood the activities proposed in the above visit and agree to give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend and take part in all of the planned activities.

Please provide any relevant medical information, including any medications required, along with the dose and frequency.

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Please provide contact details for the day of the visit in case of emergency:

Name of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian)

Name: (Please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I enclose a contribution of £18.00towards the cost of the visit.