

27th October 2017



Dear Parents/Carers,

J7 Polar Explorer Programme
29th November 2017 and 1st December 2017

We are lucky enough to have been able to book a place for our school on the Polar Explorer Programme for the whole of Year 5.

This will be a full day activity taking place at the University of Sheffield. The children will take part in a variety of experiments exploring the arctic and also experience what a future studying at university could look like.

In order to ensure the smooth running of the trip, we will need to split the year group and take the children over a 2 day period.

Your child will be attending on **Wednesday 29th November, 2017.**

We will be leaving school **promptly** at 9.15am and we will aim to be back at school before 3pm. **Your child will need a packed lunch** (no glass bottles or fizzy drinks please) and may wish to bring a snack. It is essential that your child also wears a warm coat and sensible shoes as we will be walking to and from school.

If your child is in receipt of free school meals, the school will ensure they are provided with a packed lunch .

Please can you complete and return the attached form to the school office, **no later than the 16th November, 2017.**

Finally, we would always appreciate any extra help from parents where possible.

Yours sincerely,

The Year 5 Team

HEADTEACHER: MR MICHAEL WATSON
DEPUTY HEADTEACHER: MRS KELLY HERSEY

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Year 5 Polar Explorer Programme
29th November 2017 and 1st December 2017

Child's Names _____ Class _____

Please tick the appropriate box:-

Class J7

- ☐ I give permission for my child to visit the University of Sheffield to take part in the Polar Explorer Programme **on Wednesday 29th November 2017.**
- ☐ I **do not** give permission for my child to visit University of Sheffield to take part in the Polar Explorer Programme on **Wednesday 29th November 2017.**
- ☐ I would like to volunteer on the day
- ☐ My child is in receipt of free school dinners and will require a school packed lunch.

Signed (Parent / Carer) Print name

Date

Emergency Contact Number Name of Contact