



# ANSTEY JUNIOR SCHOOL

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Headteacher

Mrs. Jenny Jones B.Sc (Hons), NPQH

7<sup>th</sup> November 2017

Dear parents,

## **Trip to Roald Dahl Museum – Friday 8<sup>th</sup> December 2017**

As part of our topic, Roald Dahl Rocks, we will be going to the Roald Dahl Museum to help us find out more about his life and how he worked.

The cost of the trip is £11.00 per child. We feel that this is an excellent price considering the educational benefits. For this price the children will get to explore Roald Dahl's writing hut and editing methods, to investigate the hands on and interactive resources in the galleries and take part in a village walk around Great Missenden.

We will be leaving school at 8.30am and will return at approximately 4pm. Therefore it is important for children to be in school by 8am. Children will enter the school via the main office door and teachers will meet them there. We aim to be back by 4pm (traffic permitting) but will text if we are going to be late and we will take children back into classrooms and they will leave via the block doors.

Children will need to be in school uniform with school shoes and a coat. If your child requires travel sickness tablets then please make sure they take them in the morning and if needed, a named envelope with tablets in for the return journey. Children will also need to bring a packed lunch and water bottle (that doesn't leak). The children who normally have a school dinner can choose to have a packed lunch from the school. Please complete the reply slip on the reverse of this letter and return by Monday 20<sup>th</sup> November, 2017.

Yours sincerely

Miss H Bradley  
Class Teacher

Miss L Self  
Class Teacher

PTO

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**Trip to Roald Dahl Museum – Friday 8<sup>h</sup> December 2017**

I give permission for \_\_\_\_\_ (child's name) in class \_\_\_\_\_ to go to The Roald Dahl Museum on Friday 8th December 2017.

I enclose a voluntary contribution of £11.00

I will pay £11.00 on-line

My child usually has school dinners and will require one  Cheese  tuna  egg

Will not require one

Medical conditions \_\_\_\_\_

Contact Number \_\_\_\_\_

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