

THE ORCHARDS SCHOOL
PERRYFIELDS ROAD
B61 8QN
BROMSGROVE

### A PLACE TO FLOURISH AND GROW

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Head Teacher: Mrs M Rumney

#### DUDLEY ZOO - FRIDAY 21st NOVEMBER 2025

Friday 19th September 2025

Dear Parents and Carers,

As part of our Science topic (Animals including humans), the children will be visiting Dudley Zoo on 21st November 2025. We will wear school uniform.

Children will need to arrive at school on time as we will be leaving school promptly at 9.15 am and will return at 3.15pm.

On the day, the additional items your child will need to bring are:

- A packed lunch to eat (unless they are eligible for FSM) and at least 2 drinks.
- A waterproof coat, hat and gloves.

The cost of the visit is £18.78, this will cover coach costs, admission and a workshop about food chains.

# <u>If for any reason your child is unable to attend on the day, we will be unable to return</u> payment.

Please make payment via Arbor, complete the permission slip attached and **return to your class teacher by Friday 17<sup>th</sup> October 2025.** 

Thank you for your continued support.

Ms Hare and Miss Middleton



## Dudley Zoo visit Friday 21st November 2025

## Please return to class teacher by Friday 17th October 2025

	I give permi	ssion for my child to attend Dudley
	Zoo on Frido	y 21st November 2025.
	I give permission for The Orchards School to take and post photos of my child participating	
	on their web	osite and social media pages.
	•	ssion for the school to perform any necessary First Aid on my child whilst on the
	educationa	
	•	eligible for free school meals and they would like a cheese/ham sandwich
	••	ete as appropriate).
		my child is in school by 8.45 am.
	•	£18.78 on Arbor and understand that if my child is unable to attend on the nnot be refunded.
	ady, iriis cai	mor be reformed.
Sign	ed:	Date:
	se give deta ember 2025.	ils of <b>TWO</b> contacts in case of emergency who are available on Friday 21st
Child	d's Name:	Class:
	Contact 1	
	Name:	
٨	Mobile No:	
Lc	andline No:	
Rel	ationship to	
	the child:	
(	Contact 2	
	Name:	
٨	Mobile No:	
Lc	andline No:	
Rel	ationship to	
-	the child:	
Мес	lical conditio	ns/allergies/medication needed:
1		