St William of York Catholic Primary School
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Headteacher: Miss R Adams

January 2025

Dear Parent/Carer

YEAR 6
CRUCIAL CREW
BOLTON ARTILLERY BARRACKS

On Thursday, 13th February children in Year 6 will be going on the above visit. This event is to raise awareness of threats and dangers, in a fun and interactive way and encourages good citizenship through active participation in a range of health and safety activities.

They will leave school 12.00 noon after their lunch and walk to the barracks and will return before the end of the school day.

Some activities may require the pupils to sit on the floor, therefore children should wear **tracksuit bottoms on the day with their school shirt, jumper or cardigan and a warm waterproof coat in case of rain.**

To cover the cost of this experience, we are asking for a voluntary contribution of £9.00. Please note, even if all contributions are received, the trip will come at a considerable cost to school and partly funded by governors.

Please make your payment online via www.scopay.com. You can download the SCOPAY App on the App Store or Google Play. Login with the same details you use to pay dinners and/or snack. Please use this every time you need to make any payments online. No pupil will be excluded from going on a trip/visit if no voluntary contribution is received. However, if less than 70% of the total cost is covered by parent's voluntary contributions the trip will be cancelled and all contributions received will be refunded to those parents who contributed. If you have a question regarding your SCOPAY account, see the SCOPAY Parent Information Page at help.scopay.com, or contact the school office.

I'm sure they will have an exciting and informative day.

Yours sincerely,

Lakita Neille

Miss L Neille
Year 6 Teacher

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YEAR 6
CRUCIAL CREW
BOLTON ARTILLERY BARRACKS

I agreed to pay £9.00 at scopay for my voluntary contribution towards the above trip ☐ please tick

I understand that unless 70% of the costs of the trip can be covered by voluntary contributions the trip will be cancelled and contributions returned.

Child's Name _____ Class _____

Parents Signature _____ Date _____