

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



September 2025

Dear Parent/Carer

**YEAR 3
BRING YER WELLIES
PRESTON**

To support our history topic which is 'The Stone Age' we would like to take the class on a visit to Archaeology at 'Bring Yer Wellies' in Preston on Wednesday, 22nd October.

The class will leave school at 9am prompt, and travel by coach to Preston and will return to school by the end of the day.

To cover the cost of this experience, we are asking for a voluntary contribution of £15. 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.

If any parents would like to come and support our staff on this trip please inform the office,

Children will need a packed lunch. Children who already bring a packed lunch from home should do so. Children who are on school meals will be provided with a packed lunch from the school kitchen and charged for it, where appropriate, unless you inform the office otherwise by the end of this week.

Children should wear their own clothes, trainers, warm clothing. I am sure they will have an exciting and informative day.

Yours sincerely

Mrs E Openshaw

Mrs E Openshaw
Year 3 Teacher



**YEAR 3
BRING YER WELLIES
PRESTON**

I agreed to pay £15 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 _____

