St William of York Catholic Primary School
Nugent Road, Bolton BL3 3DE
Tel: (01204) 333522
Fax: (01204) 333523
Email: office@st-williams.bolton.sch.uk
Website: www.st-williams.bolton.sch.uk
Headteacher: Miss R Adams

February 2026

YEAR 2
THE HIVE AT MOSS BANK PARK
BOLTON

On Friday 27th March we would like to take Year 2 on a visit to The Hive at Moss Bank Park in Bolton, the purpose of their visit is to attend the Minibeast Workshop.

The class will leave school at 9.30am, and travel by coach to Bolton and will return to school by 2.00pm.

Children will need a packed lunch. Children who already bring a packed lunch from home should do so, however, any child who is on school meals will be provided with a packed lunch from the school kitchen, unless you inform the office otherwise by Friday 20th March.

To cover the cost of travel for this experience, we are asking for a voluntary contribution of £7.50. 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.

Children should wear their school uniform, waterproof clothing and wellies. I am sure they will have an exciting and informative day.

Yours sincerely

Emily Turner

Miss E Turner
Year 2 Teacher

✂----------

YEAR 2
THE HIVE AT MOSS BANK PARK
BOLTON

I agreed to pay £7.50 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 _____