



LEAGRAVE PRIMARY SCHOOL



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‘STRIVING FOR EXCELLENCE, LEARNING FOR LIFE’

Monday 21st September 2026

Year 4 Discover Bucks Museum

Dear Parents/Carers,

As part of our topic in the autumn Year 4 will be visiting Discover Bucks Museum on **Tuesday 17th November 2026**. The children will travel by coach and will have the opportunity to view some of the exhibitions in the museum.

The children will be able to explore the current Anglo-Saxon collection and take part in workshops to enhance their understanding of what life was like in the Anglo-Saxon time period.

We will travel to the museum by coach and ask that children **arrive at school by 8:30am (please take into account the parking restrictions in place on Strangers Way at this time)** to meet in their classrooms as normal. **We will leave school at 9:00am promptly** and **return to school by 3:00pm** and we ask parents to pick up from the main playground as normal.

Children must:

- Wear full school uniform
- Wear sensible walking shoes
- Bring a waterproof coat
- Bring a packed lunch, including drink (No glass/fizzy bottles or foods containing nuts).
- Bring travel sickness bands/tablets, if required.

The total cost for the trip will be approximately **£17.40**, which will cover the cost of the entrance, workshops and transport to the museum.

Please return the slip below by Friday 2nd October 2026. Unfortunately, if we do not have enough funds, this trip will not be able to go ahead.

Yours sincerely,

Mr Bates and Miss Wells
Year 4 Teachers



Return to: Class Teacher

Year 4 Visit to Discover Bucks Museum – Tuesday 17th November: Reply Slip

Name: _____

Class: _____

- ☐ I give permission for my child to attend Discover Bucks Museum and I have paid the full payment of £17.40 online.
- ☐ I do not give permission for my child to attend the visit and understand he/she will be supervised in school.

Lunch options:

- ☐ I have paid for a school dinner via Scopay and would like the school kitchen to provide a packed lunch.
- ☐ My child is entitled to Free School Meals and would like the school kitchen to provide a packed lunch.
- ☐ I will be providing my child with a packed lunch.

My child has the following medical needs/medication:

Emergency Contact Number:

Signed _____ Parent/ Carer* Date: _____

***When signing the consent form, it is important you understand:**

- That whilst the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor the local authority, can necessarily be held liable in respect of loss of or damage to the property of or injury suffered by the young person arising out of the educational visit, unless such loss, damage or injury results from the negligence of Luton Borough Council, its employees or official volunteers.
- The extent and limitations of the insurance cover provided is available on request from the school office.

That in the absence of a parent, the school will act in loco parentis and ensure that your child receives medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In all cases, every effort will be made to contact parents in the first instance so long as time allows.