



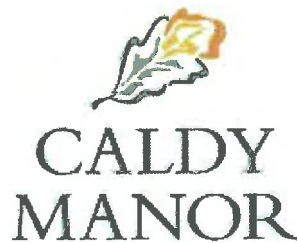
Headteacher: Mrs J Callaway
BA Hons QTS FCCT
jcallaway@avalon-school.co.uk

Caldy Road
West Kirby
Wirral
CH48 2HE.

Telephone: 0151 625 6993
E-mail: Schooloffice@avalon-school.co.uk

26th January 2024

Dear parents and carers,



BARCHESTER HEALTHCARE

**Reception Class Visit to Caldly Manor Care Home
Wednesday 31st January 2024**

The residents of Caldly Manor Care Home have invited our Reception Class children to visit them during the afternoon of Wednesday 31st January to take part in lots of fun activities including; crafts, stories and singing. The children will then enjoy some juice and biscuits too.

The children will either be travelling to Caldly Manor in their minibus or in an Avalon staff members own car. We would therefore be grateful if parents could provide a suitable car seat for the journey on the morning of the visit.

School uniform must be worn, including blazers but not school hats.

To enable your child to attend the trip to the Caldly Manor Care Home it is important that the consent form below is completed and returned to the school office no later than Monday 29th January. The staff of Caldly Manor Care Home would like permission to take photos of the residential with the children. Please indicate your wishes on the consent form below.

Yours sincerely

Mrs J Callaway
Headteacher



AVALON SCHOOL EDUCATIONAL TRUST Registered Charity N° 1088050

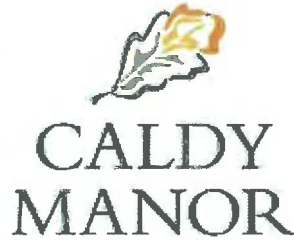


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Please complete and return to the school office no later than Monday 29th January 2024.



BARCHESTER HEALTHCARE

**Reception Class Visit to Caldly Manor Care Home
Wednesday 31st January 2024**

Child's Name: _____ Year Group: Reception

I /We do / do not* give permission for my child to attend the visit to Caldly Manor Care Home on Wednesday 31st January

I / We do / do not * give permission for my child to travel to Caldly Manor Care Home in their minibus or in Avalon School staff private car.

I / We do / do not* permission for my child to be provided with a drink of juice (or other as appropriate) and a biscuit.

I / We do / do not* give permission for photographs to be taken of my child with the residents of Caldly Manor Care Home

*delete as appropriate.

Signed: _____ Dated: _____

Relationship to Child: _____



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