



# Gobowen Primary School

School Lane Gobowen, Oswestry, Shropshire SY11 3LD

Headteacher Mr Ronan Walsh

Administrator Mrs Nicola Jones

Telephone 01691 661343

E-mail [admin@gobowen.shropshire.sch.uk](mailto:admin@gobowen.shropshire.sch.uk)

[www.gobowenschool.co.uk](http://www.gobowenschool.co.uk)



Nurture Grow Flourish

07 October 2025

Dear Parents / Carers

As part of our geography and history topic work for this term, the children will be visiting the Trevor Basin on Monday 20 October 2025. They will be participating in an aqueduct/canal workshop and will be boarding the 'Little Star' canal barge for a 45 minute trip across Pontcysyllte Aqueduct. The children will be travelling by coach leaving school at 9.15am and returning at approximately 2.30pm.

We are asking for a voluntary contribution of £10.00 per child (**payable via the school money app please by Wednesday 15 October 2025**) to help cover the cost of the canal barge ride and the coach.

Your child will require a packed lunch (the school kitchen can provide one at a cost of £2.60 payable through the app). If your child is entitled to free school meals, the school kitchen can provide a packed lunch free of charge. Please indicate this by ticking the relevant box on the form attached. Please note, there will only be one carton of drink provided in the packed lunch (we do not allow glass containers or fizzy drinks on trips).

***A packed lunch order form is attached to this letter, it MUST be returned with your consent form if you are ordering a packed lunch from the school kitchen. If the form is not returned, a packed lunch will NOT be provided.***

Your child will be required to wear their school uniform and suitable clothing for the weather. Please ensure that they have sensible shoes on. Please **do not** send any spending money.

It is essential that children who use inhalers have their inhaler with them on the day and it is clearly labelled with their name. It is school policy not to allow pupils to go on school visits unless they have their inhalers with them.

Please complete the attached consent form and the packed lunch form, if required, and return them to school by **Wednesday 15 October 2025**.

Yours sincerely

Mr J Lawson  
Deputy Headteacher

**OAK CLASS - PONTCYSYLLTE AQUEDUCT VISIT**  
**MONDAY 20 OCTOBER 2025**

**PLEASE RETURN THIS FORM AND THE PACKED LUNCH ORDER FORM, IF REQUIRED, TO  
SCHOOL BY WEDNESDAY 15 OCTOBER 2025**

Child's Name: \_\_\_\_\_ Class: OAK

*Please tick:*

- I give permission for my child to attend this event.
- I will pay the £10.00 contribution via the school money app by Wednesday 15 October.
- My child is NOT entitled to free school meals** - I would like the school kitchen to provide a packed lunch, I will pay £2.60 via the school money app (please pay on the dinner tab). I understand there will be only one carton of drink provided.
- My child is NOT entitled to free school meals** - I will provide my child with a packed lunch.
- My child IS entitled to free school meals** – I would like a packed lunch to be provided. I understand there will be only one carton of drink provided.
- My child IS entitled to free school meals** – I will provide my child with a packed lunch.
- My child uses an inhaler and I will ensure that they have it with them on the day. Their name will be clearly labelled on the inhaler.

If the coach is delayed on its return journey to school by more than 15 minutes the school will endeavour to contact you. To help us to contact you quickly, please would you complete this section:

**1st Contact:**

Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship to child \_\_\_\_\_  
(eg Parent, Relation, Friend of the family, etc)

**2nd Contact:**

Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship to child \_\_\_\_\_

Signed: \_\_\_\_\_ *Parent / Carer* Date: \_\_\_\_\_

## **PACKED LUNCH ORDER FORM**

### **OAK CLASS – PONTCYSYLLTE AQUEDUCT VISIT**

**MONDAY 20 OCTOBER 2025**

Your child is going on a school trip, you must pre order their packed lunch contents. If this form is not submitted a packed lunch will **not** be provided.

**Please complete the form below and  
return it to school by the morning of  
Wednesday 15 October 2025**

*Pupil Name:* \_\_\_\_\_

*Pupil Class:* OAK

*Ordered by:* \_\_\_\_\_ *(Parent/Carer)*

<b>Sandwich option (Please choose one choice)</b>	
Ham Sandwich on 50/50 Bread	
Cheese Sandwich on 50/50 Bread	

**Packed Lunch will also include:**

Crisps  
A sweet treat  
Whole fruit  
A bottle of water

**The head of kitchen will ensure that any allergies/dietary requirements are catered for using the information that has been provided to Gobowen School by parents/carers.**