



Headteacher Mr Ronan Walsh

Telephone 01691 661343

E-mail admin@gobowen.shropshire.sch.uk

www.gobowenschool.co.uk



Mr J Lawson
Deputy Headteacher

OAK CLASS - PONTCYSYLLTE AQUEDUCT VISIT
THURSDAY 22 OCTOBER 2026

***PLEASE RETURN THIS FORM AND THE PACKED LUNCH ORDER FORM, IF REQUIRED, TO
SCHOOL BY WEDNESDAY 14 OCTOBER***

Child's Name: _____ Class: OAK

Please tick:

- ☐ I give permission for my child to attend this event and I will pay the £15.00 contribution via the school money app by Wednesday 14 October.
- ☐ **My child is NOT entitled to free school meals** - I would like the school kitchen to provide a packed lunch, I will pay £3.00 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

THURSDAY 22 OCTOBER 2026

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 14 October**

Pupil Name: _____

Pupil Class: **OAK**

Ordered by: _____ *(Parent/Carer)*

Sandwich option (Please choose one choice)	
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.