



LARKRISE PRIMARY SCHOOL

Dorset Avenue, Gt. Baddow, Chelmsford, CM2 9UB

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Headteacher: Ms Katie Allen

Learning Together - Achieving Excellence



Quantum
M.A.T.

2nd June 2026

Dear Parents

Y1 & Y2 Visit to The Sealife Centre – Tuesday 30th June

We have arranged for Y1 & Y2 to visit The Sealife Centre on Tuesday 30th June 2026.

We shall leave school at 8:45am and return by the end of the school day.

Please send a packed lunch in a carrier bag, which can be disposed of easily. Please do not send lunch in a plastic sandwich box as these are heavy and cumbersome to carry around. Drinks should be in a plastic bottle or cardboard carton. Please do not include fizzy drinks or chocolate as we are a healthy school. If you wish school to provide a packed lunch please indicate this on the attached form. Please send a water bottle with your child.

The children are expected to wear school uniform. Please make sure your child is dressed appropriately for the weather conditions (a waterproof coat if the weather is cold and wet to keep dry, and hats and sun cream if it is due to be hot).

A voluntary contribution of £22.91 per child will be required to cover the cost of the trip. This includes the cost of the coach and entrance to the Sea Life Centre. We appreciate that it is a substantial amount we are asking for, but as you know we have no funds for school trips apart from parental contributions. Please pay using the online system, Arbor, by Monday 15th June 2026.

Please complete the attached reply slip and return to the office by Monday 15th June. If you have any queries about the visit, please do not hesitate to speak to the class teacher.

Yours sincerely

Mrs P Hazell, Mrs Lane & Mrs S Bacon
Year 1 & Year 2 Class Teachers

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Please return to the Office by Monday 15th June 2026

Y1 & Y2 Visit to The Sealife Centre

☐ I give permission for my child to participate in the above trip

☐ I have paid a voluntary contribution of £22.91 via Arbor

☐ I will provide a packed lunch for my child on this day.

☐ I require a school packed lunch.

Please indicate any medical or dietary issues we need to be aware of

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Emergency Contact details for date of trip

Name.....

Telephone number.....

Child's Name.....

Class :

Child's Name.....

Class

Signed..... Parent/Guardian