



MALTESE ROAD PRIMARY SCHOOL

Maltese Road, Chelmsford, Essex CM1 2PA

Tel: 01245 357860

E-mail: admin@maltese.essex.sch.uk

www.malteseroadprimary.com

Headteacher: Mrs F White

23rd September 2025

Dear Parents/Carers

Year 5 Trip to Imperial War Museum Duxford – 11th November 2025

A trip has been arranged for Year 5 to visit Imperial War Museum Duxford on Tuesday 11th November 2025. This trip will bring together the topics we have been working on this term in class.

The cost of the trip will be £19.75. In line with Government regulations, this amount can only be asked for as a voluntary donation. However, we must stress that if enough donations are not received then the trip will have to be cancelled. **Please pay for this trip online via ARBOR.**

The children will all need to bring a packed lunch in a named bag, no chocolate please, and a named water bottle (no fizzy drinks). **Any child who receives a free school meal via universal credit, is entitled to a free packed lunch provided by the school. If you require this, please complete on the form attached.**

The children will need to wear school uniform and sensible footwear/trainers. The children will also need a warm coat.

We are planning to leave school at 9:00am so all children must be in school promptly for registration at 8.30am and aim to return by 2:45pm.

Please complete and return the permission slip attached and return to the school by Wednesday 22nd October 2025. If there are any queries please do not hesitate to contact the school office.

Yours sincerely

Dr Simpson
Year 5 Class Teacher



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Year 5 Trip to Imperial War Museum Duxford on 11th November 2025

I give permission for my child to attend the trip to Duxford IWM on Tuesday 11th November 2025.

I **GIVE** permission for my child to be filmed/photographed for promotion, website & training purposes

Signed

I **DO NOT GIVE** permission for my child to be filmed/photographed for promotion, website & training purposes

Signed

I receive free school meals and require a school packed lunch

Please state below any conditions such as asthma that could affect your child's well-being during the day.

Signed: _____ Relationship _____

Date: _____ Contact Number on the day: _____