



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

21st April 2026

Dear Parents/Carers

Year 3 Trip to Chelmsford Museum – Wednesday 20th May 2026

A trip has been arranged for Year 3 to visit Chelmsford Museum for a fun and engaging day on Wednesday 20th May 2026.

The cost of the trip will be £5.25. 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.**

We will be walking to and from the Museum. The children will need to wear full school uniform and sensible shoes (trainers) and bring a jacket and a sun hat.

We are planning to leave school at 9:15am 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 13th May 2026. If there are any queries please do not hesitate to contact the school office.

Yours sincerely

Miss Scuffil
Year 3 Class Teacher



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Year 3 Trip to Chelmsford Museum on Wednesday 20th May 2026

I give permission for my child to attend the trip to Chelmsford Museum on Wednesday 20th May 2026.

I **GIVE** permission for my child to be filmed/photographed for clasdojo and school newsletter

Signed

I **DO NOT GIVE** permission for my child to be filmed/photographed for clasdojo and school newsletter

Signed

I receive universal credit and get 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: _____