



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

18th June 2026

Dear Parents/Carers

Year 5 & Year 6 (Current Yr 4 and Yr 5) Trip to Braxted Park – Let's Talk Trash – 22nd September 2026

A trip has been arranged to visit Braxted Park for a fun and engaging Let's Talk Trash day on Tuesday 22nd September 2026.

The cost of the trip will be £9.25. 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 lunchbox, 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 old comfortable clothes and sensible footwear (trainers or wellies, weather dependent). The children will also need a jumper or jacket and a named water bottle.

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 Monday 7th September 2026. 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 and Year 6 Trip to Braxted Park on 22nd September 2026

I give permission for my child to attend the trip to Braxted Park on Tuesday 22nd September 2026.

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: _____