



### Medieval Day at Gloucester Cathedral, 3rd<sup>th</sup> July 2018

Dear Parents/Carers,

As part of the Year 7 History curriculum, we organise an annual visit to Gloucester Cathedral. All of Year 7 participate in a Medieval Day, enjoying a series of interactive workshops. This year's themes include armour, food, measuring techniques, medicine and weaponry. As your son is studying Medieval History, these workshops will offer him the opportunity to deepen and extend his understanding of this important period in Britain's development.

The visit will take place on Tuesday 3rd July 2018. We plan to leave school at 9.30am and to return by 2.15pm, in time for afternoon lessons. Students should wear school uniform, and bring a packed lunch with them. As some of the activities may take place outside, students should also bring sun cream, hats and bottled water.

In order for the trip to take place, it must be self-financing, and so we invite you to make a contribution of £12.00\* to cover the costs of travel and admission.

I would be grateful if you could return the consent slip to the Finance Office by Friday 15<sup>th</sup> June, at the latest. If you choose not to pay via the online facility, please include cash or a cheque with the consent form, in an envelope marked with your son's name and form, and the name of the trip, Medieval Day at Gloucester Cathedral.

Yours faithfully

Kim Hansen  
History Department

\*Parents on low incomes and in receipt of certain benefits (see School's Charging and Remission Policy) may contact the School for support in meeting the cost. If parents are unable to make the contribution their child will not necessarily be excluded from the visit but it may be cancelled if there are insufficient voluntary contributions.

**Headmaster: M S R Morgan BSc (Hons), MA, FRGS**

Founded in 1666 as a Bluecoat Hospital.

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## Reply Slip

**Trip organiser:** .....KH.....

Trip.....**Medieval Day at Gloucester Cathedral**.....Date of trip:.....**3rd July 2018**

Name of Pupil ..... Form .....

Emergency Contact Name.....

Emergency Contact Numbers .....

Pupil Mobile Number.....

If your child has any medical conditions and/ or is taking medication, please give details below:

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☐ I include the payment of £.....

☐ OR I have paid online

Signature of Parent: .....

Date: .....