



**Hayeswood  
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Headteacher: Mrs. P.M. Gerrett  
Acting Deputy Headteacher: Mrs. J Richardson

Ref: Trigon/DPJ

5<sup>th</sup> November 2012

**TO: PARENTS OF CHILDREN IN YEAR 3 & 4**

Dear Parents,

**RE: VISIT TO TRIGON WASTE DISPOSAL SITE – TUESDAY 27<sup>TH</sup> NOVEMBER 2012**

Our topic work this half term will focus on our school environment, the effects people have on it and how we can improve it. One of the areas we will be investigating is the waste we produce and how this is disposed of. To help the children's understanding of this we have arranged a visit to Trigon Waste Disposal Site at Wareham where they will find out about landfill and recycling.

The trip will take place on **TUESDAY 27<sup>TH</sup> NOVEMBER**, during the normal school day. As the children will have to carry their lunch it would be helpful if it was packed in a small back pack.

Children should wear jeans or old trousers and the school uniform sweatshirt/cardigans. They will also need sensible walking shoes and a waterproof jacket. Please make sure your child will be warm enough, wearing layers that can be taken off and put on is a good idea. If it is raining it would help if the children could bring welly boots in a **named** carrier bag, if they have them.

To cover the costs associated with the trip we are asking for a voluntary contribution of £4.50. I am sure you will understand that the trip is only viable if we receive enough contributions to cover costs. Please complete the attached slip and return it to school by **Monday 19<sup>th</sup> November**.

If you can help on the day please do not hesitate to contact your class teacher.

Yours sincerely,

Mrs J Richardson

Mrs K Hodder

**HAYESWOOD FIRST SCHOOL – VISIT TO TRIGON WASTE DISPOSAL SITE**

**TUESDAY 27<sup>TH</sup> NOVEMBER 2012**

I am willing for my child: ..... to take part in the educational visit to Trigon Waste Disposal Site at Wareham on **Tuesday 27<sup>th</sup> November 2012**

I enclose the voluntary contribution of £4.50 towards the cost of transport.

EMERGENCY CONTACT NAME .....

AND TELEPHONE NUMBER: .....

My child suffers from travel sickness: **YES/NO**

My child will require the following medication:

.....

.....

My child has the following food allergy:

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