

25<sup>th</sup> March 2025

**Y3 National Coal Mining Museum**  
**Thursday, 22<sup>nd</sup> May 2025**

Dear Parents & Carers,

As part of our topic, a visit to the National Mining Museum in Wakefield has been organised for pupils in year 3, to take place on **Thursday 22<sup>nd</sup> May 2025**. This will be a full day trip, please ensure you child is in school for **8.15am** as we will be leaving at 8.30a.m promptly and returning back for approximately **3.30p.m** (we'll let you know by text if there are any delays).

At the museum, all children will take part in a Victorian workshop and have an underground mine tour, which will give them an immersive, tactile and memorable experience.

For the trip, we are asking for **£18** per pupil, paid on MCAS please, towards the overall cost, which is subsidised by the academy. This is great value and includes coach fare, museum entrance, workshop fees, an underground mine tour and insurance. Your contribution is much appreciated and ensures that we are able to continue to take the children on visits like this.

Please can they dress in usual academy uniform and bring a warm shower proof jacket. They will also need to bring a packed-lunch, including a small drink with screw top lid/sports cap (no glass, cans or fizzy pop). A school packed lunch can be pre-ordered and paid for as normal on Monday, 19<sup>th</sup> May, or free of charge if receiving FSM.

***To allow your child to take part, please fully complete the slip attached and return to us as soon as possible.***

Our thanks in anticipation of your support. We look forward to a great day of learning!

Yours sincerely,

*Mrs Fitzpatrick, Miss McKee, Miss Maxfield*

Y3 Teachers

**Y3 National Coal Mining Museum Thursday 22<sup>nd</sup> May 2025**

I give permission for my child ....., in Class.....  
to take part in the above trip and will ensure they arrive at school for **8.15a.m**

My child has no / the following\* special medical requirements

.....

.....

*\*please complete as appropriate*

I have made a payment of **£18** on my MCAS account ☐

School packed lunch **£2.50** ☐ Home packed-lunch ☐ FSM ☐ (tick as required)

After the visit, I would like my child to;

- Be collected by.....from school at **3.30p.m** from the classroom

Signed ..... Date.....

Print Name .....Emergency Number.....

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Delta Academies Trust

**Registered Office / Head Office:** Education House, Spawd Bone Lane, Knottingley, WF11 0EP

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