



Hollingwood Primary School  
Lilac Street  
Hollingwood  
Chesterfield  
S43 2JG  
Tel: 01246 472417  
Headteacher: Mr Stewart

Tuesday 20<sup>th</sup> May 2025

Dear Parents/Carers,

**Year 3/4 visit to Hardwick Hall**

As part of our enquiry 'Does art tell a story?', we have been focusing on the Elizabethan period. We would therefore love to provide the children with the opportunity to visit Hardwick Hall; a fantastic place to explore our question with its beautiful tapestries, architecture and gardens that reflect the life and times of Bess of Hardwick.

The visit will take place on **Thursday 3<sup>rd</sup> July 2025**. The children will be transported to and from the venue via coach which will depart from school at 9:45am. After the children have taken part in all activities at Hardwick Hall, we will leave at 2:15pm to return to school by approximately 2:45pm (any traffic updates will be posted via dojo).

Children are welcome to wear non-school uniform, however we politely ask that you ensure your child wears sensible footwear as they will be walking on the trails around the Hardwick estate. They should also come prepared for all weather conditions; this may include a waterproof coat, sun hat and sun cream already applied at home. Children may also bring an optional bottle of suncream for self-application.

Your child will need a packed lunch for the trip (no glass bottles or fizzy drinks please). Your child will be responsible for carrying their packed lunch and we suggest they bring it in a small backpack. If your child is entitled to free school meals and would like a packed lunch ordering, please indicate this on the permission slip.

Children who require sickness tablets should have them at home at the appropriate time. Tablets for the return journey must be named, provided with the original packaging, and given to the class teacher. Please collect and complete a medicine form from the office.

We are asking for a contribution of **£16.00** which will cover the cost of the coaches, entry to Hardwick Hall and the gardens. A consent form has also been attached with this letter and must be completed and returned to the school as soon as possible. **Please return the permission slip, consent form and payment via Parent Pay by Friday 27<sup>th</sup> June 2025.**

Thank you for your continued support,

Mr Lodge

**Year 3/4 Hardwick Trip – Thursday 3<sup>rd</sup> July 2025**

Name of child: .....

Class: .....

I give permission for my child to attend the visit to **Hardwick**.

I have paid a contribution of £16.00 via Parent Pay.

My child is entitled to free school meals and would like a packed lunch ordering.

Signed: .....

Date: .....

# HOLLINGWOOD PRIMARY SCHOOL

## PARENTAL CONSENT FOR A VISIT

(To be distributed with an information sheet giving full details of the visit)

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**Child's Name:**..... **Class:** .....

**Visit to:** *Hardwick Hall*

**Date:** *Thursday 3<sup>rd</sup> July 2025*

**Time out:** *9:45am* **Return Time:** *approx. 2:45pm.*

*I agree to my child taking part in this visit and have read the information sheet. I agree to my child's participation in the activities described, including swimming. I acknowledge the need for them to behave responsibly.*

### MEDICAL INFORMATION

Please give brief details below of any medication your child may require:

.....  
.....

Medical conditions: .....

Any special dietary requirements of your child:.....

When did your child last have a tetanus injection? .....

**Doctor's Name:** ..... **Telephone Number:** .....

**Doctor's Address:**.....

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

### CONTACT INFORMATION

**Name:**..... **Home Tel No:** .....

**Mobile Number:**..... **Work No:** .....

**Address:** .....

### Alternative emergency contact

**Name:** ..... **Home Tel:** .....

**Mobile Number:** .....

**Signed:** ..... **Date:** .....

**Full Name (capitals):** .....

**A copy of this consent form must be taken by the Group Leader on the visit. The original copy should be retained by the school.**