



STOWFORD SCHOOL

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www.stowford.devon.sch.uk

1st October 2025

Dear Parents and Carers

Year 3 Visit to Royal Albert Memorial Museum, Exeter

On **Wednesday 22nd October 2025** the Year 3 classes will be spending the day at the Royal Albert Memorial Museum in Exeter.

We will leave Stowford School promptly at **9.00am** and we are departing from Royal Albert Memorial Museum at **2.00pm** so will be back at school for the usual pick up time of **3.20pm**.

On the day, children should come to school in their uniform with comfortable shoes and a waterproof coat. The children will also need a packed lunch. If your child is entitled to a free school lunch, please indicate on the reply slip whether you would like the school to provide this; we will then provide you with an order form to complete and return to school as soon as possible.

We do need parent volunteers to help on the day, so if you would like to help please indicate this on your return slip.

There is a charge for this visit and parents are asked to make a voluntary contribution of **£10.25** per child to cover transport and entry costs. The visit has been set up on ParentPay for ease of contributions. Please be aware that if are not enough contributions received, the visit may have to be cancelled. In the unlikely event that a small surplus should remain, once all the costs for the trip have been met, we will retain any amount less than £1.00 per student for use in the support of school activities. If you have any objections to this please let us know by **17th October 2025**.

If you would like your child to take part in this visit, please complete and return the slip below, together with the attached SOE3a form and tick the box confirming the voluntary contribution, as soon as possible. Thank you.

If you have any questions regarding this visit, please see your child's class teacher.

Yours sincerely

M Luggier F Kandes
Mrs Luggier and Mrs F Kandes
Swifts Class Teachers

C Bulmer
Miss Bulmer
Swallows Class Teacher

Year 3 Visit to Royal Albert Memorial Museum, Exeter Wednesday 22nd Octoebr 2025: Please complete and return to your child's class teacher as soon as possible

I give permission for my child in Class to take part in the visit to Royal Albert Memorial Museum and to travel there and back by coach.

I have paid the voluntary contribution of £10.25 via ParentPay:

I am available to help on the visit:

My child is entitled to Free School Meals and I would like the school to provide a packed lunch: Yes/No
**Please delete as applicable*

Signed: _____ Dated: _____
Parent/Carer



Artsmark
Silver Award
Awarded by Arts
Council England





Form SOE3a: Parental consent for local off-site activities (Annual consent form).

Dear Parent or Guardian,

This is a consent form to cover local off-site trips and visits that your child may be undertaking during the school year, Some of which may extend beyond the school day. A separate consent form will be sent out for any residential or overseas visits and for adventurous activities (as defined by the local authority). Details of each visit will be sent to you in advance.

School, college or establishment

Stowford School

Outline of planned visits:

**2025/2026 - Year 3
Visit to RAMM, Exeter
Other visits TBC**

Name of child

Date of birth

Special details - any information about your child's health which may need special attention, but does not prevent them from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, **travel sickness**, diabetes, asthma or epilepsy?)

If your child suffers from travel sickness, and the visit involves coach/car travel, please ensure a member of staff is made aware.

Has your child had any relevant recent illness?

Does your child have any specific dietary requirements?

Do you have any additional comments?

Swimming Ability (for water-based activities)

Is your child able to swim 50 metres? YES / NO

Is your child confident for the proposed activity? YES / NO

Name of family doctor

Approximate date of last tetanus injection:

1. I would like my child to take part in the programme of visits planned for the school year. I understand that the arrangements for each visit will be sent to me in advance.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.

**Signature of
Parent or Guardian**

Date

Name of Parent or Guardian

Address

Telephone number

Home:

Work:

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Personal data is held by WeST schools about all pupils on roll at the individual school and is subject to the retention rules adopted by the trust.

For more information please read the school Privacy Notices available on the school website www.stowford.devon.sch.uk.

If you have any queries or would like further information please contact the Data Protection Lead Officers (Headteacher and Senior Administrator) at admin@stowford.devon.sch.uk or the WeST Data Protection Officer at DPO-West@westst.org.uk