



**Head Teacher:**  
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28 February 2019

Dear Parent/Carer

### **YEAR 12 PSYCHOLOGY CHESTER ZOO VISIT AND WORKSHOP 27 JUNE 2019**

The Social Science Department have organised a trip to Chester Zoo for all Year 12 Psychology students on Thursday 27 June 2019. This trip will involve students participating in a specialist workshop run by the zoo as well as giving them an opportunity to carry out observations on animals as part of their study of behaviour and research methods. We will be travelling by coach **leaving school at 9:30am and returning at approximately 3:00pm** in time for the end of the school day.

The total cost of the trip is £21.00 which should be paid using the Tucasi online payments via the school website or alternatively by cash or cheque. Please make your cheque payable to Helsby High School with your son/daughter's name written clearly on the back. The cost includes access to the zoo, payment for the workshop and transportation. Students should bring either a packed lunch or money to purchase food at the zoo.

We are asking parents for a voluntary contribution towards the cost of the visit as without such contributions the trip cannot run. If you would like your son/daughter to participate, but will have difficulty in contributing, please let me know.

It would be helpful if you would let me know whether you would like your son/daughter to participate by completing and returning the slip below together with payment to the finance office no later than **Friday 29 March 2019**.

Yours faithfully

S Ingman (Mrs)  
Social Sciences Department



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PLEASE RETURN REPLY SLIP AND PAYMENT TO FINANCE OFFICE by Friday 29 March 2019

Year 12 Psychology Chester Zoo: Thursday 27 June 2019

Name of Student: ..... Form: .....

- I do / do not give my permission for my son/daughter to attend the above trip.

Please circle below as appropriate

Table with 2 columns: Payment method and amount/date. Row 1: I enclose £21.00 cash/cheque (payable to Helsby High School) | £..... Row 2: I have paid £21.00 online | Date:

Signed: ..... (Parent/Carer) Date: .....

Emergency Contact No: ..... Home Tel No: .....

Medical Information (include any allergies or currently prescribed medication):
.....
.....

If a student has asthma, can parents/carers please make sure that their son/daughter has his/her inhaler with them for the visit.