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Outstanding Achievement for All

July 2018



Dear Parent/Carer

The Business Department is planning a visit to Cadburyworld on Thursday 18 October 2018 between 08.15 am and 5.30 pm.

The visit will allow students to participate in a tour around the factory and experience production in a real world setting. In addition to this, students will attend a lecture related to the Aims and Market Research of Cadbury

Transportation will be via coach, departing from school at 08.15 am and arriving back at 5.30 pm. Refreshments are available on site at Cadburyworld. Students can purchase their lunch whilst at Cadburyworld or take a packed lunch. Students entitled to a free school lunch will be provided with a packed lunch.

If the trip is to go ahead a voluntary contribution of **£24.00** will be required. Financial assistance is available at the Headteacher's discretion. However, if school receives insufficient voluntary contributions towards the trip, we reserve the right to cancel this trip.

Cheques made payable to Silverdale School should be placed in a sealed envelope marked with the student's name and form and labelled with Cadburyworld Trip and handed to the School Receptionist by **Friday 14th September**.

Alternatively, you can pay online using a very secure website called ParentPay or in cash at local stores where you see the PayPoint logo. If you would like a copy of your unique activation username and password please email parentpay@silverdale.sheffield.sch.uk stating your child's name and year group or contact the finance office at <u>finance@silverdale.sheffield.sch.uk</u>

Yours sincerely

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Mrs J Charlesworth Head of KS4 Business & Economics



Chorus Education Trust - formerly known as Silverdale Multi-Academy Trust

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Silverdale School - Cadburyworld Visit Thursday 18 October 2018

PAYMENT DEADLINE DATE FRIDAY 14 SEPTEMBER

Name:	Form:	
I give permission for my child to take part in the visit to Cadburyworld on Thurs 18th October and understand the arrangements for the day. I enclose a voluntary contribution of £24.00 to cover the cost of the visit.		
Signed:	Parent / Carer	Date
Emergency Contact Name:	Contact Number:	
Medical Condition & Medication I need to know about : _		