

Woodside High School White Hart Lane, Wood Green, London N22 5QJ Telephone: 020 8889 6761, Fax: 020 8365 8164 Email: mail@woodsidehighschool.co.uk Website: www.woodsidehighschool.co.uk

29th June 2022

Dear Parent/Carer,

Thank you for securing your child's place in attending the end of year trips on 6th July. Please see attached the information for the trip. Your child has received a place to: **Paintball**

Departure from school at approximately 9am. Please ensure your child arrives at 8.30 to register for the trip. Free breakfast will be available for all students until 8:15am if students wish to arrive beforehand.

- Students should attend in their own appropriate clothing including comfortable footwear. Please ensure they do not wear anything valuable or new as they will get dirty.
- Due to the nature of paintballing, it is recommended students bring a few additional layers of clothing. Full head goggles, body-armor and a combat suit will be provided and given to student for an equal level of comfort and protection.
- Pupils will need to bring a packed lunch and drinks for the day as there will be no shops nearby.
- Please return the slip below if you would like your child to be supplied with a packed lunch if they are free school meals.
- Coaches will arrive back at school at 3.00pm. Please ensure you discuss travel arrangements with your child.

Should you have any further queries about the above arrangements do not hesitate to contact reception or email <u>Mail@woodsidehighschool.co.uk</u>.

Regards

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Chinice Oliver Trips Advisor/Associate Assistant Headteacher

Head Teacher: Ms Angela Wallace



Registered in England: Company Number: 07831292

Trip: Paintballing: 6 th July - Please return this form to Ms. Barnett (Student Reception)	
Student:	
I will collected my child from Woodside High School	
I will collected my child from Woodside High School	
My child will be released from WHS and can return home by themselves	
I would like my child to receive a free packed lunch as they receive free school r	neals.
Any medical conditions:	•••••
Signature: Date:	
Emergency telephone number:	