



Warren Park Primary School

Sandleford Road, Havant, Hampshire PO9 4LR
Telephone (023) 9247 5502

Headteacher: Mrs Elizabeth Cooper
Email: adminoffice@warrenpark.hants.sch.uk



Wednesday 1st July 2026

Dear Parent/Carers,

Year 3 Visit to Staunton Farm and Country Park

We would like to celebrate your child's time in Year 3 and the end of the school year with a visit to Staunton Farm and a picnic in the country park on **Friday 10th July**.

We will be walking there and back, so please could the children wear suitable shoes for walking. School uniform should be worn, as well as a sunhat just in case the weather is hot and sunny! Don't forget to apply suntan lotion before they come to school.

Your child will require a packed lunch in a small, clearly named bag which they will have to carry.

Please indicate overleaf your child's lunch option

- a) that you will provide your own lunch for your child
- b) your child is entitled to free school meals and you will require the school to provide a lunch or
- c) a paid school packed lunch costing £2.40 (monies must be paid via Arbor).

A MEAL REQUIREMENT MUST BE INDICATED ON THE SLIP OVERLEAF. Please **no** fizzy drinks, glass bottles, sweets, chocolate or spending money.

Can we please also remind parents to remember when packing lunchboxes not to provide any foods that might contain any form of nuts.

We are not asking for any financial contribution towards this trip.

Please return your completed lunch order form no later than Monday 6th July 2026.

Kind Regards

Class teachers of Year 3

www.warrenpark.hants.sch.uk



Hampshire
County Council

Listen, Think, Learn and Enjoy!



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Year 3 Staunton Farm and Country Park

I give permission for my child in class.....
to take part in the visit to Staunton Country Park on **Friday 10th July**.

- ☐ I will provide my own lunch for my child
- ☐ My child is entitled to free school meals (Please choose a sandwich filling from below)
- ☐ **I would like to order a school lunch and will ensure my child's Arbor account has sufficient funds for this** (Please choose a sandwich filling from below)

Choice of sandwich fillers

- ☐ Tuna
- ☐ Cheese
- ☐ Jam
- ☐ Ham

My emergency contact number for the day will be

Any medical conditions/allergies that the school should be aware of

.....

Parent Name:.....Parent Signature:.....

Date:.....

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