



4th December 2023

Dear Parent/Carer,

Re: Coasts and Castle trip to North Yorkshire

I would like to take this opportunity to inform you about a proposed Geography and History 'Coasts and Castles' trip to North Yorkshire. The proposed trip will take place from $1^{st} - 3^{rd}$ May 2024. The purpose of the trip is so students can deepen their understanding of coasts and Medieval England. Students will travel by coach and activities will include a visit to Flamborough Head Lighthouse and East Riding, Scarborough, York Castle and the Jorvik Viking Centre:

DAY 1: From school to Flamborough Head Lighthouse and landforms of coastal erosion e.g. sea stack, Adam in Selwick Bay. Possible visit to Scarborough Sea Life Centre and / or ice cream parlour.

DAY 2: Scarborough coastal defences fieldwork, Scarborough North and South shore, Rotunda Museum (Museum of Coastal Heritage and Geology), Scarborough Castle.

DAY 3: York Castle and Jorvik Centre - return to school.

The total cost of the trip which includes all transport, two nights' accommodation, travel insurance and meals as stated above is £340.

If you are interested in reserving your son/daughter a place on the Coasts and Castles trip, please can you complete and return the reply slip below by 7th December. There is a limit on places, so if the trip is oversubscribed, names will be selected at random. Once places have been confirmed a non-refundable deposit of £40 will need to be paid via Parent Pay to secure your child's place on the trip no later than 9th December.

If you would like any more information on the trip, please do not hesitate to contact me at school.

Yours faithfully,

Mrs T Rigby

Headteacher: Mr Gwyn Williams Lymm High School, Oughtrington Lane, Lymm, WA13 0RB 01925 755458 info@lymmhigh.org.uk www.lymmhigh.org.uk











Dear Mrs Rigby,

I would like to reserve a place on the Coasts and Castles trip for my son/daughter. I understand that should they receive a place I will need to pay a non-refundable deposit of £40 by 9th December.

Student name:_____

Signed:		(Parent/Carer)
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Date: _____