CITY OF PETERBOROUGH ACADEMY
SPECIAL SCHOOL

**Executive Principal:** Mrs T Ydlibi
**Head of School:** Mrs L Ives

Reeves Way
Peterborough
PE1 5LQ

**Tel:** 01733 821403
**Email:** admin@copaspecialschool.org
**Website:** www.copaspecialschool.org
@CoPASSgat

Thursday 07 December 2017

Dear Parent/Carer

**Celebration Meal Out – Wednesday 14th December**

In recognition of all our Secondary students hard work during Autumn term, we are offering students the opportunity to enjoy a meal with their peers at a Peterborough restaurant of their choice, on Monday 18th December. Your child has selected to go to McDonalds in Padholme road.

All students will be able to wear non-school uniform and no money is needed as the meal and a drink will be paid for by the school. We will be leaving school at approximately 12:00pm and will travel in private cars. Students will be back in time for normal transport arrangements home.

Please may we ask that no additional electronic devices are brought into school on this day. Students that travel to school with a mobile phone/electronic device will be required to leave them securely at school reception as per normal arrangements.

We would be grateful if you could complete and return the below slip prior to the trip. We are aware of students who have allergies/specific dietary requirements but could you also please note any necessary dietary/allergy details on the slip attached below.

We hope that this will be a very enjoyable experience for all of our students, as a way of celebrating all that they have achieved this term.

Yours sincerely

Mr J Hill
**Assistant Principal**

**CELEBRATION MEAL OUT – WEDNESDAY 14th DECEMBER**

Please return this permission slip to Reception by Tuesday 12th December

**MEAL OPTION PERMISSION**

I/We **give** permission for my child to attend (please tick below):

☐ McDonalds (Students will travel to Padholme road)

**DIETARY REQUIREMENTS**

☐ My child has no specific dietary requirements

☐ My child has the following dietary requirements (please specify):…….....

……...

Student Name…….

Signed Parent/Carer …….…….. Date ……