



OAKWOOD JUNIOR SCHOOL
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www.oakwoodjuniorschool.co.uk
Headteacher: Mrs Atwal

7th September 2026

Dear Parent/Carer

RE: Tower of London Trip – 18th September 2026

You will be pleased to know that we have managed to organise a special trip for Year 6 to attend the Tower on London! The children will go for a tour of the historical building and if time a short walk around the area.

The trip will take place on Friday 18th September and the children will travel by coach to London. Please ensure your child arrives at school for 7.15am as the coach will make a prompt 7.30am departure which will ensure, traffic permitting, an arrival in London for 10.30am/11.00am. The children will then make their way to the Tower of London where they will learn the amazing history and facts about this historical building. The children will leave London at 3.00pm with a hopeful return of 6.30pm/7.00pm. We will keep you updated by Class Dojo should there be any delays. The cost of this trip is £19.50 and is available for payment on Arbor.



The children will need a packed lunch for the day, if your child is entitled to free school meals, please let us know by Friday 11th September if they would like a packed lunch. Please can you provide a small snack for the journey there and the journey back as well as a drink. Please do not send any fizzy drinks or snacks that may spill eg. Frubes. Please also ensure your child is in full school uniform, comfortable footwear and a waterproof jacket. Children may also wish to bring a book to read for the journey.

If you are happy for your child to attend this wonderful trip please complete the form below and return to school as soon as possible.

I am sure you will agree that this trip is an opportunity not to be missed and will be very special for the children. If you have any questions please do not hesitate to contact me

Kind Regards
Mrs Atwal
Head teacher

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Childs Name _____

Class _____

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My Child is free school meals and would like a school packed lunch

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I will provide my child with a home packed lunch

Emergency Contact Name _____ Contact Number _____

Any Medical conditions/allergies we need to be aware of _____

Signed _____

Date _____