

Water Primary School

Happiness, Health & Opportunity

Burnley Road East
Water, Rossendale
BB4 9PX
Tel: 01706 216 414
Fax: 01706 218 637
Email: enquiries@water.lancs.sch.uk
Website – www.water.lancs.sch.uk

Headteacher: Miss E. McKay



12th June 2025

Young Leaders- London trip Friday 18th July 2025

Dear Parent/Guardian

As you are already aware, as part of your child's Young Leader Award, we have arranged a special trip to London for the day to visit all of the key landmarks and celebrate achieving their award.

Below is the proposed itinerary of the day as planned:

6.45am- Meet at Manchester Piccadilly
7:15am- Train leaves Manchester Piccadilly
9:28am- Arrive at London Euston
9.45am- Tube to Buckingham Palace
10:15pm- Visit Buckingham Palace, 10 Downing Street and Houses of Parliament
11.45am- Horrible Histories Boat Tour
1:30pm- Lunch at Pizza Express
3:00pm- Visit Houses of Parliament
5:30pm- Tea and head to Euston.
6.53pm- Train leaves London Euston
9:05pm- Arrive at Manchester Piccadilly
9:15pm (approx.) – Parents collect children at Manchester Piccadilly

In order to limit how many people have to drive to Manchester, last year we arranged for parents to take 3 or 4 children each to and from Manchester, meaning each parents only had to do one trip. If you would be able to do either the morning lift or the evening lift it would be greatly appreciated!

Please complete and return the attached slip.

If there is anything at all you wish to discuss further, please do not hesitate to come and speak to one of us. We are extremely excited to be taking the children to London again this year.

Kind regards
Miss Ashworth



Young Leaders London Trip – Friday 18th July 2025

I give permission for _____ to visit London on Friday 18th July 2025.

I can transport my own child/offer lifts for other children to Manchester (morning)

I can transport my own child/offer lifts for other children from Manchester (evening)

I **cannot** transport my child to/from Manchester

Signed: _____

Dated: _____

Emergency contact number: _____

Medical conditions/ allergies _____

