

Porthcawl Primary School
Meadow Lane
Porthcawl
Bridgend County Borough
CF36 5EY

Telephone: 01656 815660



Ysgol Gynradd Porthcawl
Lon-Y-Dol
Porthcawl
Bwrdeistref Pen-y-Bont
CF36 5EY

Ffon: 01656 815660

Porthcawl Primary School ... Persevere Perform Succeed

E-mail / E-bost: admin@porthcawlps.bridgend.cymru

Headteacher: Mr E Richards

17th September 2026

Dear Parent / Carer,

**St. Fagans – Conwy Class
Thursday 15th of October 2026**

As part of our Celts topic in class we have arranged for pupils in Conwy to visit St Fagans on Thursday 15th of October. Pupils will be taking part in an iron age workshop especially set up in the Celtic roundhouse.

Pupils will leave school at 9:30am and return by the end of the school day. Please could all pupils wear a school uniform and bring a packed lunch.

If you would like a packed lunch ordered for your child please indicate on the form overleaf. Orders will need to be returned to school no later than Monday the 5th of October as Catering Services need to order stock in advance.

The cost of the trip will be a voluntary contribution of **£15.90** per pupil which includes the workshop and the cost of transport. If insufficient contributions are received the trip may have to be cancelled. Parent helpers are needed - please indicate on the form overleaf if you are able to help – thank you!

Please pay via bank transfer to the school bank account, the details are:

Name of account: Porthcawl Primary School

Sort code: 30-91-18

Account number: 01654796

Reference: Pupil name

Please note it is vital that we have your child's name as a reference to correctly allocate the money to them for the trip. If you have any question regarding this, please contact the school office.

Yours sincerely,

Mr Richards,
Headteacher.

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St. Fagans - Conwy Class

I give permission for my child to visit St Fagans on Thursday 15th of October.

Please choose from the following options:-

I confirm that I have paid £15.90 via the online payment system ☐

I am / am not able to help with the school trip – Name:

I would like a packed lunch ordered for my child ☐ (Please tick)

Signature of Parent / Carer Date

PRIMARY SCHOOL PACKED LUNCH PRE-ORDER FORM

Name: _____ Class: _____

Date of trip: _____

SANDWICHES

Cheese ☐ or
Ham ☐

FRUIT

Apple ☐ or
Orange ☐ or
Banana ☐

DRINKS / CAKE

Still Water ☐ and
Muffin ☐

Signed (parent / carer): _____