



AJS Cir No.06/AY-2025-2026/October

14th October 2025

Subject: Educational Trip to Hili Archaeological Park

Dear Parents,

We are pleased to inform you that our Kindergarten students from **AJI and AJB** will be participating in a **combined educational trip** to **Hili Archaeological Park**. This trip is designed to connect our young learners with the rich history and heritage of the United Arab Emirates while providing hands-on learning beyond the classroom.

Trip Details			
Trip Name	Venue	Date	Duration
Educational Trip	Hili Archaeological Park, Al Ain	Thursday, 4th December 2025	3 hours

Objectives of the Trip

- To help students connect with the **UAE's national identity, heritage, and history.**
- To nurture **appreciation for cultural heritage and preservation.**
- To promote **experiential learning** through observation and exploration.

Curriculum Link (EYFS Reception & Year 1)

- **Understanding the World:** Observing and identifying elements of local heritage.
- **Communication & Language:** Building vocabulary through real-life experiences.
- **Expressive Arts & Design:** Reflecting on the visit through drawing and discussion.

Important Notes

- All students will travel by school transport and be accompanied by class teachers.
- The trip will last approximately **three hours** including travel time.
- Please ensure your child wears the **school PE uniform**, a **cap**, and comfortable shoes.
- Kindly pack a **light snack, water bottle, and hat** labelled with your child's name.
- There is **no additional cost** for this trip.

We look forward to providing our students with an enriching and memorable experience that deepens their understanding of the UAE's cultural heritage.

Warm regards,

AJS Administration



AL AIN JUNIORS SCHOOL

a member of AJ Group of Schools

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PARENT CONSENT FORM

Subject: Educational Trip to Hili Archaeological Park

I, the undersigned, parent/guardian of _____ (student name),

Class: _____, give my consent for my child to participate in the school trip to **Hili Archaeological Park, Al Ain**.

I understand that all necessary safety measures and teacher supervision will be ensured throughout the trip.

Emergency Contact Name: _____

Phone Number: _____

☐ My child has no medical conditions that prevent participation.

☐ (If applicable) My child has the following allergy/condition:

Parent/Guardian Name: _____

Signature: _____

Date: _____