



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,



## 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:** \_\_\_\_\_