

Newchurch Community Primary School

19th April 2017

Dear Parents

Beeston Activity Trip Tuesday 11th July to Wednesday 12th July 2017

We are planning to take the Year 4 children to Beeston Outdoor Education Centre on 11th July. This is a residential visit and will require the children staying overnight and returning around 3.30 pm on Wednesday 12th July.

The children would be involved in a range of activities which will include a visit to Bunbury Mill, Den building, Team Games and a visit to Beeston Castle. The cost of the trip which includes return travel by coach, full board, accommodation, insurance and the full programme of activities will be £80.

*To secure your child a place on the residential trip we ask for a deposit of £20 and the signed consent form to be returned to school by **Friday 5th May 2017***

The children would need to bring a fully disposable packed lunch for the Thursday (*no glass please*) but would be given all meals thereafter by the centre. Please sign below if you would like to order a packed lunch from the kitchen and enclose £2.20 (unless your child is on free school meals or pays by direct debit.)

The **balance** should be sent in to school by **Friday 2nd June**, however to help spread the cost parents can send in additional payments beforehand and a payment plan can be set up for you.

Yours sincerely



Mrs Sara Lawrenson
Headteacher

Pupil Information and Consent Form
Beeston Activity Trip Tuesday 11th to Wednesday 12th July 2017

Parental Consent Form – to be returned by Friday 5th May 2017

I agree to my childtaking part in the residential visit to Beeston Activity Centre from 11th to 12th July 2017 and I am prepared to pay the sum of £80

I enclose a £20 deposit ☐ **Cash** ☐ **Cheque** (*Cheques payable to Newchurch C P School*)

- ☐ I would like to purchase a packed lunch prepared by the school cook and enclose £2.20
- ☐ My child is entitled to Free School Meals and would like a packed lunch
- ☐ I pay by Direct Debit and would like a packed lunch
- ☐ I will supply my own packed lunch (no glass please)

I will not hold the Head responsible for any loss of personal effects or money incurred by my child during the visit where reasonable steps have been taken to safeguard such effects and money.

I agree to pay for any damage which may be occasioned through the misconduct or carelessness of my child to the person or property of any other party or parties.

I authorise a member of the school staff to consent to such medical treatment which, in the opinion of a qualified medical practitioner may be necessary for my child in the course of the school trip to Beeston Activity Centre.

Signed.....Parent/Guardian

Print Name

Date

Pupil Information and Consent Form
Beeston Residential July 11th – July 12th 2017

Child's Name

Address

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Date of Birth Tel. no.....

Emergency Telephone contact number if different from above.....

Alternative Emergency Contact Telephone Number

Name.....

Address.....

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Name, address and telephone number of your own doctor

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Telephone Number

Information of any special medicine or treatment which your child needs during their stay
(Please contact school for a medication form.)

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Does your child have any **specialist** dietary requirements, allergies, sickness when travelling,
incontinence problems or other medical conditions.

please give details

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