Newchurch Community Primary School

5th March 2019

Dear Parents

Beeston Activity Trip Wednesday 10th July to Thursday 11th July 2019

We are planning to take the Year 4 children to Beeston Outdoor Education Centre on 10^{th} July. This is a residential visit and the children will be staying overnight at the centre and returning the following day at around 3.30 pm on Thursday 11^{th} July.

The children would be involved in a range of activities which will include a visit to Bunbury Mill, 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 £76.50

To secure your child a place on the residential trip we ask for a voluntary contribution of a £26.50 deposit towards the cost of the coach and activities (payable on Parent Pay) and the signed consent form to be returned to school by **29**th **March.** To help with your financial planning the remaining balance will be collected in 2 further payments as shown.

| Payment Date | Amount | Outstanding Balance | |
|-----------------------------|--------|---------------------|--|
| March 29 th 2019 | £26.50 | £50 | |
| April 26 th 2019 | £25 | £25 | |
| June 7 th 2019 | £25 | £00.00 | |

The children would need to bring a fully disposable packed lunch for the Wednesday (*no glass please*) but would be given all meals thereafter by the centre.

Please sign the forms overleaf if you would like to order a packed lunch from the kitchen, payable on Parent Pay.

The **balance** should be paid on Parent Pay by **Friday 7th June 2019**, however to help spread the cost parents can pay in additional payments beforehand.

Yours sincerely

Mrs Sara Lawrenson Headteacher

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Pupil Information and Consent Form

Beeston Activity Trip Wednesday 10th July to Thursday 11th July 2019 Please return parental Consent Form to be returned by Friday 29th March 2019

| Please return parental consent Form to be returned by Friday 25" March 2019 |
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| I agree to my childtaking part in the residential visit to Beeston Activity Centre from 10^{th} to 11^{th} July 20109 and I am prepared to pay the sum of £76.50 |
| I have paid £26.50 on Parent Pay |
| ☐ I would like to order a school 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. |
| SignedParent/Guardian |
| Print Name |
| Date |

Pupil Information and Consent Form

Beeston Activity Trip Wednesday 10th July to Thursday 11th July 2019

| Child's Name |
|--|
| Address |
| |
| Date of Birth Tel. no |
| Emergency Telephone contact number if different from above |
| Alternative Emergency Contact Telephone Number |
| Name |
| Address |
| |
| |
| Name, address and telephone number of your own doctor |
| |
| |
| 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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