



November 2016

Dear Parent/Person with Parental Responsibility

## London visit to Oxford Street and Wonderland

A reward trip to London Oxford Street and Wonderland has been arranged for Sixth Form students on **Thursday 15th December 2016**. The coaches will pick up at Kingsmead at 7:30am.

The time of return from London will be 9pm (leave London at 6pm).

Please return the attached consent form by **Monday 28<sup>th</sup> November 2016** to enable the visit arrangements to be completed and confirmed.

As this visit takes place mainly in school time it is necessary to ask for a voluntary contribution of **£15.00**. There is no obligation to contribute and no pupil will be omitted from the visit because they do not pay or do not pay in full. However, the visit cannot go ahead if the school does not receive sufficient parental contributions.

Advance warning is needed of any participants with special medical or other needs to ensure all health and safety considerations have been made. Parents must inform the school of any relevant medical or other needs on the visit consent form. All students are expected to wear a seatbelt whilst travelling on the coach.

Insurance is provided through our EFA risk assessment protection arrangement.

This visit is considered to have only normal everyday risks and no further insurance has been provided.

Students will be able to contact members of staff via mobile phone at all times during the day.

Students that have attendance which is lower than 95% may not be allowed on the trip. This will be at the discretion of Mrs Pritchard.

There is an expectation that students will not buy or consume any alcohol on this visit.

Yours faithfully,

Mrs D Pritchard  
Senior Leader (Post-16)



## PARENTAL CONSENT FOR A SCHOOL VISIT

Please complete this form and return it to Mrs Gunner at Kingsmead by **Monday 28<sup>th</sup> November**

**Visit to:** London Oxford Street and Wonderland

**On** Thursday 15/12/2016 between 7:30am and 9pm

**Medical Details:** My son/daughter has the following medical/special needs.

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**Insurance. :** I understand the limits of insurance provided on this visit.

**Transport:** I understand the transport arrangements for this visit.

**Financial Contribution.** I am willing to make a voluntary contribution of **£15.00** which I enclose.

**Photographs.** Photographs taken on this visit may be used in school or education service promotional information. **Please answer Yes or No**

**I agree to my son/daughter attending the visit detailed above and I acknowledge that to be included he/she will need to maintain responsible behaviour.**

Name of son/daughter: .....

Form Group: .....

Signed\* ..... Date: .....

\*Parent with Parental Responsibility