

St PAUL'S CATHOLIC SCHOOL

A Specialist Science College and Training School

Phoenix Drive Leadenhall Milton Keynes MK6 5EN



Headteacher: Michael Manley

January 2012
KKN/dws

Dear Parent

We are very pleased to be able to offer Year 7 students a residential retreat to Buckden Towers in Cambridgeshire which will take place from Monday 26th March until Wednesday 28th March 2012. The retreat is designed to nurture spiritual development and to allow students to explore their faith. Students will also have the opportunity to participate in organised activities to add to the enjoyment of their stay. Your child has expressed an interest in attending this retreat.

The cost of the trip will be £60.00 this figure is made up as follows:

This figure is made up of a charge of £50.00 for board and lodging, which will be made for all pupils except where parents receive Income Support, Family Credit, Income Based Job Seeker's Allowance or Disability Working Allowance.

The remaining cost of £10.00 covers activities, transport, insurance etc and you are invited to make a voluntary contribution towards the costs. You are not obliged to make a contribution and pupils will not be excluded through inability or unwillingness to pay. However the visit can only go ahead if there are sufficient voluntary contributions to cover the costs. Arrangements are available for the payments to be made in instalments.

Requests for remission of the charge should be made in writing, in confidence, to the Finance Manager.

This is an invaluable experience and should your son/daughter wish to attend, please return the attached parental consent form together with the slip below and cash/cheque, made payable to St Paul's School Fund (a cheque is our preferred method of payment, with your child's name and form written on the reverse). Places on the trip are limited and seats will be allocated on a first come, first served basis.

We feel this is an excellent opportunity for your child, and if you would like to take advantage of this retreat we would be grateful if you could complete and return the reply slip below **by Friday 20th January** with an initial deposit of £30.00/full payment of £60.00 **in an envelope to the Finance Office (A138), clearly marked with your child's name, form and "Year 7 Buckden Trip" with the cash/cheque (a cheque is our preferred method of payment). Cheques should be made payable to St Paul's School Fund.** The remaining balance of £30.00 will be required by Friday 16th March 2012.

Places are limited and if oversubscribed, we will write to you further.

Yours sincerely

Ms K Klymyszyn
Year 7 Chaplaincy and Pastoral Assistant

Telephone: (01908) 669735
e-mail: enquiries@st-pauls.org.uk

Fax: (01908) 676206
web site: www.st-pauls.org.uk



Pupils Name: _____ Form: _____

I would like my child to attend the Buckden Towers retreat from 26th March – 28th March 2012. I enclose the initial deposit/full payment in the form of cash/cheque for the sum of £_____. I understand that the final payment of £30.00 is due by Friday 16th March 2012.

Signed: _____ (Parent) Date: _____

PARENTAL CONSENT FORM -RESIDENTIAL/HAZARDOUS ACTIVITIES

(This form or a copy will be taken by the Leader on the visit)

SCHOOL/CENTRE: _____

1 DETAILS OF VISIT

Visit to: **Buckden Towers (Year 7)**

From: **Monday 26th March 2012**

To: **Wednesday 28th March 2012**

I agree to my son/daughter _____ (name)

Taking part in the above-mentioned visit and, having read the information sheet, agree to his/her participation in the activities described. I support the need for responsible

2. MEDICAL INFORMATION

Does your son/daughter suffer from any conditions requiring medical treatment or medication. YES/NO

If YES please give details

To your knowledge has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be*or become contagious or infectious?

YES/NO

If YES please give details

Is your son/daughter allergic to any medication? YES/NO

If YES please give details

Has your son/daughter received a tetanus injection in the last five years? YES/NO



Does your son/daughter have any special dietary requirements?

YES/NO

If YES please give details

3. DECLARATION

To the best of my knowledge my son/daughter is not suffering from any medical condition that makes them unfit to participate in this visit or the activities described. I agree to my son/daughter receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I may be contacted by telephoning the following numbers:

Work: _____

Home: _____

My home address is: _____

If not available at above, please contact:

Name: _____

Telephone No: _____

Address: _____

4. Name, address and telephone number of family doctor.

Tel: _____

I undertake to inform the Party Leader/Head as soon as possible of any change in the medical circumstances between the date signed and the commencement of the visit

Signed:Date

Name (Please print) _____

