

St PAUL'S CATHOLIC SCHOOL

A Specialist Science College and Training School

Phoenix Drive Leadenhall Milton Keynes MK6 5EN

Headteacher: Michael Manley



November 2011

Dear Parent

Your son/daughter has expressed a wish to attend the Year 9 trip to Longrigg, Milton Keynes' Outdoor residential centre in the Yorkshire Dales. It is a residential trip and will take place from 6th February – 10th February 2012.

At the centre your son/daughter will have the opportunity to participate in a variety of outdoor activities from abseiling to caving. Rob Gregory, the residential instructor or other qualified instructors will supervise every activity. In addition your child will experience living and working with others in order to create a pleasant environment around the centre and will be responsible for cooking, cleaning and keeping his/her room tidy.

The cost of the trip will be £180.

This figure is made up of a charge of £68 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 £112 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 cash/cheque deposit, made payable to **St Paul's School Fund** with your child's name and form written on the reverse of the cheque. Places on the trip are limited and we will let you know if your child is unsuccessful in securing a place.

If you would like your son/daughter to have this educational experience please return the reply slip with a deposit of £90 by Friday 9th December and the remaining £90 should be paid by 20th January 2012. You are welcome to pay the amount in full should you wish.

This should be returned in an envelope to the Finance Office (A138), clearly marked with your child's name, form and "Year 9 Longrigg Visit" with the cash/cheque.

Yours sincerely

Jennifer Truslove
Teacher i/c Outdoor Education

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PARENTAL CONSENT FORM -RESIDENTIAL/HAZARDOUS ACTIVITIES
LONGRIGG YR9 - RETURN TO FINANCE OFFICE (A138) Administrator: Mrs T Sciberras
(This form or a copy will be taken by the Leader on the visit)

SCHOOL/CENTRE: _____

Pupil's Name: _____ Form: _____

1 DETAILS OF VISIT

Visit to: _____

From: _____ Date/Time To: _____ Date/Time

I give permission for my son/daughter to take 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 behaviour on his/her part. I enclose cash/cheque for £90 (payable to **St Paul's School Fund**) in an envelope marked with my child's name, form and name of the trip.

I understand that the remaining payment should be made by the following date:

- Friday 20th January 2012 = £90

Total: £180

Signed _____ Date _____

Name (Please print) _____

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

Do you give consent for your son/daughter to receive paracetamol if necessary? YES/NO

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) _____

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