

29 September 2015

Dear Parent

I am writing to inform you about a school visit to The London Dungeons and The Clink Prison Museum on the 29th January 2016.

These are both fantastic places to visit and are connected to the work that the Year 7 students will be studying this year.

If you wish to secure a place on this trip for your child, we request a contribution of £22.00 per student, which will include the entry fee for both places and the coach fee. Payment can be made by cheque made payable to Uxbridge High School or cash with the student name and tutor group clearly written on the envelope. Students who receive Free School Meals will be eligible for a further reduction and will only need to pay £15.00.

In certain circumstances the school may be able to offer limited financial assistance towards the cost of this trip. Please contact Mr A Jones who will arrange for the appropriate form to be sent to you.

We will be travelling by coach and will leave at 9.00am and returning at approximately at 4.00pm.

Students are required to wear full school uniform including shoes, no jeans or no trainers to be worn. Students are required to bring a packed lunch. Free School meal students will be provided with a packed lunch on the day.

Please note that there are a limited number of places available, which will be allocated on a first come first served basis. However only students with an exemplary record of behaviour will be eligible to attend. Please complete and return the attached permission/emergency contact form as soon as possible and no later than 23rd October 2015.

Yours sincerely

Mr A Jones
History Teacher



UXBRIDGE HIGH SCHOOL

Return to: Mr A Jones

I give my permission for (NAME) _____ of (Form Group) _____ to attend The London Dungeons and The Clink Prison Museum on the 29th January 2016.

I enclose cheque for the sum of £22.00 / £15.00 as a contribution towards the cost of the trip.

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I enclose cash for the sum of £22.00 / £15.00 as a contribution towards the cost of the trip.

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(please tick as applicable)

PARENT SIGNATURE: _____

EMERGENCY CONTACT DETAILS:

NAME: _____

HOME NUMBER: _____

MOBILE NUMBER: _____

ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:

If your child suffers from Asthma please ensure that the appropriate medication is provided. **If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.**

