26 January 2016

Dear Parent

# VISIT TO BUTLINS - MINEHEAD ON 22nd April 2016 to 25th April 2016

I would like to offer your son/daughter the opportunity to join a school trip to Butlins on Friday 22nd April to Monday 25th April 2016.

The cost of the trip will be £170.00, which includes accommodation, transport, breakfast and dinner for the 3 days, entertainment passes, 2 day tournament, England Netball coaching session and awards evening.

If you wish to secure a place on this trip for your child, we request a non-refundable deposit of £50.00 per student to be paid online via ParentPay. Alternatively, you can pay by cheque made payable to Uxbridge High School by Monday 1st February 2016. If your child is offered a place, the final remaining balance will need to be paid by 11th March 2016.

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

We will be leaving Uxbridge High School on Friday 22nd April 2016 at 1.15pm and will be returning back to school on Monday 25th April 2016 at 11.15am.

For the journey to Butlins students are required to wear full school uniform including shoes, no trainers or jeans to be worn. For the activities at Butlins students are required to wear casual, comfortable clothing and are also required to bring their full UHS PE kit.

Please provide your child with a packed lunch or snacks for the journey there. Students may wish to bring £10 to £20 spending money.

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 by 1st February 2016.

Please do not hesitate to contact me if you require further details.

Yours sincerely

**Miss D Foyle**

**PE Teacher**



**UXBRIDGE HIGH SCHOOL TRIP BUTLINS ON 22/04/2016 TO 25/04/2016**

Please return to - **Miss D Foyle**

I wish for my child to be considered for a place on the visit to Butlinson 22/04/2016 to 25/04/2016.

|  |  |
| --- | --- |
| I enclose cheque for the sum of £50.00as a non- refundable deposit. |  |
|  |  |
| I confirm that I have paid £50.00 via ParentPay as a non-refundable deposit. |  |

(please tick as applicable)

FULL NAME OF STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## FORM GROUP OF STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE ON (DATE OF TRIP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME TELEPHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME CONTACT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

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.

***PLEASE GIVE AN ALTERNATIVE EMERGENCY CONTACT:***

*NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CONTACT TELEPHONE NUMBER(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

PARENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_