6th September 2016

Dear Parent

I am writing to inform you about a school visit to V&A Museum on the 23rd September 2016**.** The aim of this visit is to gather resources for GCSE coursework and explore contemporary artists.

We will be travelling by coach to and from the museum.

Students are required to wear full uniform including shoes, no trainers or jeans to be worn. Please provide your child with a packed lunch or refreshments will be provided by the venue. If your child receives free school meals they will be able to collect a packed lunch from the canteen.

If you would like to secure a place on this trip for your son/daughter, please pay the non-refundable deposit of £7.50 online via ParentPay. If you are unable to pay online, please contact Main Reception who will be able to provide you with a barcode to enable you to pay at a PayPoint. Please note that cash or cheque payments will not be accepted by the school. If your child receives free school meals, please contact the finance office who will be able to advise you of the appropriate payment, if required.

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 16th September 2016.

Yours sincerely

**MISS MCMAHON**

**TRIP CO-ORDINATOR**



**Return to: Miss McMahon**

I give my permission for (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (Form Group) \_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the trip **venue and date** and I have paid the required deposit.

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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.**

***EMERGENCY CONTACT DETAILS:***

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

*HOME NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*MOBILE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**