

September 2016

Dear Parent

Duke of Edinburgh Silver Qualifier Expedition – 4th to 6th October 2016

I would like to offer your son/daughter the opportunity to take part in the Duke of Edinburgh Silver Qualifier Expedition from 4th to 6th October 2016. The total cost of the trip will be £50, which includes insurance, accommodation, local visits and transport.

The trip itself consists of visits to several sites, which are outlined below:

4th October – Braidwood campsite, Chesham

5th October – Ellesborough Guide Centre, Aylsebury

6th October – Pick up from Wendover Woods, and return to school via minibus

Students will leave from Uxbridge High School at 8am on Tuesday 4th October via minibus. We will then return to school on Thursday 6th October at approximately 3pm, where students will be dismissed to make their own way home.

If you would like to secure a place on this trip for your son/daughter, please pay the non-refundable deposit of £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.

Yours sincerely

B Isherwood
Duke of Edinburgh Coordinator

Principal: Nigel Clemens BSc, MA

The Greenway, Uxbridge, Middlesex UB8 2PR t: 01895 234060 f: 01895 256738 e: office@uhs.org.uk w: www.uhs.org.uk

UXBRIDGE HIGH SCHOOL TRIP

Please return to B Isherwood

I wish for my child to be considered for a place on the Duke of Edinburgh Silver expedition from 4th to 6th October 2016 and confirm I have paid the appropriate deposit, which I understand will be non-refundable if he/she is offered a place.

FULL NAME OF STUDENT _____

FORM GROUP OF STUDENT _____

DATE OF BIRTH _____ AGE ON 4TH OCTOBER _____

HOME ADDRESS _____

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: _____

Principal: Nigel Clemens BSc, MA

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