



# Haygrove School

Durleigh Road, Bridgwater, Somerset TA6 7HW

Tel: 01278 455531 Fax: 01278 427972

[www.haygroveschool.co.uk](http://www.haygroveschool.co.uk)

Headteacher – Mrs K Canham, BA (Hons), MA



19 July 2017

Dear Parent

## ICELAND – 27 – 31 OCTOBER 2018

I am delighted to announce that Haygrove School is planning a trip to Iceland which will take place 27 – 31 October 2018. The trip will be a once in a lifetime opportunity for many of our students and, as you can appreciate, the organisation of such a visit requires contacting parents very early on in order to gauge the number of students interested before booking can be confirmed.

The cost of the trip will be £1175 based on 30 students. The trip includes hotel accommodation, breakfasts, lunches and evening meals, return flights, coach transfers to and from the airports and coach travel as necessary for visits, entrance fees/tour guides and insurance. Students will have the incredible opportunity to see waterfalls and geysers, visit a glacier, and relax in the Blue Lagoon, a naturally heated shallow lake.

A full payment plan will be available when we know the final costs after flights have been booked.

If you have any questions or would like to know more, please feel free to contact me.

As this is an extracurricular trip which is taking place in school holidays, no provision from Pupil Premium support will be available from the school. All current year 8 and year 9 students may sign up for the trip, but in the event of over-subscription priority will be given to those doing geography GCSE, and a draw of names will be made for the remaining places. Students will require a packed lunch for the outward journey, their own valid passport, and a European Health Insurance Card. Haygrove Staff will accompany the group.

If you wish your child to participate in the visit to Iceland please return the consent form below with a non-refundable £270.00 deposit by Friday 8 September 2017. (This will be returned if the required quota is not achieved). All places on this visit are subject to good attendance and behaviour and the head of year has the right to withdraw a student from a visit if these criteria are not met.

**PLEASE NOTE:** Should a student cancel at any stage after the deposit has been paid, a cancellation charge to cover the cost of the flight will be payable. **The final balance is required by Friday 15 June 2018 at the latest (and is non-refundable thereafter).**

Yours faithfully

Miss R Mitchell  
Head of Year 9 & Trip Organiser



耀华国际教育学校  
Yew Wah International Education School



**HAYGROVE SCHOOL: ICELAND – 27 – 31 OCTOBER 2018**

Please return with payment to the **Finance Office** during morning registration by Friday 8 September 2017.

Child's Name \_\_\_\_\_ Tutor Group \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Emergency Telephone Number for the day of trip: \_\_\_\_\_

Any Medical Information : \_\_\_\_\_

I wish my son/daughter to be allowed to take part in the above mentioned activity/visit and, having read the information sheet, agree to his/her taking part in any or all of the activities described. I understand that, while the establishment staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the activity/visit. All activities/visits are covered by public liability insurance and trips outside the County are covered by comprehensive travel insurance. Details of cover are available from the establishment on request. I have read, understood and agree to the Declaration and Explanatory Notes on the reverse of the attached letter. I am happy for named photos of my child to be released to the Press, Haygrove Newsletter and Website.

**I enclose cash £270.00 (exact amount).** (Please note this is non-refundable if your child withdraws from the trip)  
Please make cheque payable to 'Haygrove School' and write your child's name, tutor group and Iceland on the reverse.

Signed \_\_\_\_\_ Parent/Guardian      Date \_\_\_\_\_

Please print name \_\_\_\_\_ (Mr/Mrs/Ms/Miss)



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## EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It advises you that the Haygrove School Academy Trust will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
3. It contains information about your child together with your consent to medical treatment if required.
4. It gives the supervising staff immediate information on how to contact you in an emergency.
5. If this form is not returned your child will NOT be able to participate in the visit.
6. If you wish to discuss the contents, please contact our Educational Visit Coordinator, Mrs C Morgan at Haygrove School.
7. Data Protection. Haygrove School Academy Trust, as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems, with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Haygrove School Academy Trust. Data collected is used for registration and monitoring purposes, and emergency contact information.

## Declaration

Having read the information sheet, I agree to my child taking part.

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation, there will be no obligation on the school/establishment to refund any money.

I agree to my son/daughter receiving medication as I have instructed in this form and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.



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