



Haygrove School

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www.haygroveschool.co.uk
Headteacher – Mrs K Canham, BA (Hons), MA



28 November 2017

Dear Parent

YEAR 10 ICE SKATING AT CRIBBS CAUSEWAY – TUESDAY 19 DECEMBER 2017

We are taking Year 10 tutor groups Ice Skating at Cribbs Causeway on **Tuesday 19 December 2017**, with the intention of combining a one-hour session at the outdoor ice rink with some time for Christmas shopping. We will be **leaving Haygrove School at 3.30pm** promptly, and will return at approximately **8.00pm**. Please arrange for the safe collection of your child from Haygrove School on our return, and ensure he/she has a contact number in case of early or late arrival back to school.

The cost of this trip will be **£17.00** which covers the ice skating session, transport and insurance. Your child should wear clothes suitable for outdoor ice skating and they should bring any food and drink they want for the evening. Uniform need not be worn (ripped jeans/unsuitable logos are not acceptable). Your child may also want to bring some money for food and shopping they may wish to buy during the evening.

If you would like your child to participate in this activity, please complete the slip below and ask your child to return it with £17.00 payment to the **Finance Office** during morning registration **by Monday 4 December 2017**. Please note the payment is non-refundable if your child later withdraws from the trip. If we are oversubscribed, names will be drawn for places. 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 this criteria is not met.

With kind regards and seasonal best wishes.

Yours sincerely

Miss R Mitchell
Head of Year 10

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HAYGROVE SCHOOL: YEAR 10 ICE SKATING AT CRIBBS CAUSEWAY – TUESDAY 19 DECEMBER 2017

Return to the Finance Office during morning registration by Monday 4 December 2017

Child's Name _____ Tutor Group _____ Date of Birth _____

Home Address _____

Emergency Telephone Number for the evening 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 £17.00 in cash (exact amount please). Please note this is not refundable if your child later withdraws from the trip.

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.

Eligibility for Free School Meals

Parents/carers who receive any of the following are entitled to free school meals:

- Income Support (IS)
- Employment Support Allowance (Income Related)
- Income-based Job Seekers Allowance (IBJSA)
- Guaranteed Element of State Pension Credit.
- Support under Part VI of the Immigration and Asylum Act 1999
- **Child Tax Credit without Working Tax Credit with an annual taxable income (as assessed by HMR&C) of less than £16,190**

If you have recently become unemployed but are still receiving working Tax credits, you may be entitled to free school meals. please call Somerset County Council on 0845 345 9122 for advice. A full leaflet and application form are available from Somerset County Council: www.somerset.gov.uk and search on "claim free school meals"