



## Tudor Grange Academy Redditch

December 2014

Dear Parents/Carers

### Visit to Iceland – March 2015

I am delighted to offer your son/daughter the fantastic opportunity of going on a residential trip to Iceland from 5<sup>th</sup> March – 9<sup>th</sup> March 2015. This is a fieldwork visit for AS and A2 students that will enable them to observe and measure key geographical features in the field. This will provide the students with an invaluable experience of many key aspects of physical geography.

The overall cost of this trip will be £747 per student and covers the following: Flights to Iceland from Birmingham, 4 nights' full board accommodation and all transport to, from and within the destination.

Students who are interested should return the reply slip below together with a deposit of £250 by Wednesday 10<sup>th</sup> December and places will be allocated on a first come first serve basis. Full payment is required 10 weeks before departure.

Your son/daughter is eligible to take part in this visit and for those students who attract Pupil Premium funding or who are in receipt of free school meals, the Governing Body have agreed that each family will be allowed up to £150 per year per student. This will give those students support to either several of the smaller trips or a one off contribution to a larger trip. In this case, would you please contact Mrs Salsano (Business Manager) as soon as possible. If you wish to make payment for your son/daughter using our Payment for Schools system, you can do so by debit/credit card via the school website.

In addition to the tour cost, we recommend that your child has £125 spending money for the trip. They will also require a current valid passport and EHIC.

The trip is being booked through Rayburn tours, the UK's leading educational travel company for schools with more than 45 years' experience. They work closely with us during the whole tour planning process to ensure that your child will get the very best learning experience whilst away. Please refer to the additional information to find out more about Rayburn and the Iceland Trip.

I appreciate that this is short notice, but I feel that this is an opportunity not to be missed. If you have any questions please do not hesitate to contact me.

Yours sincerely

*A Folbigg*

Mr Folbigg  
Head of Geography



**REPLY SLIP – Please return to Mr Folbigg in the Humanities department  
by Wednesday 10<sup>th</sup> December**

**Visit to Iceland – March 2015**

Name of Student: ..... Form: .....

I would like to reserve a place for my son/daughter on the above trip and enclose a deposit of £250.00 (Please indicate method of payment below):

- Cheque (payable to Tudor Grange)
- Cash
- Parentpay

Parent/carer signature: ..... Date: .....

**Tudor Grange Academy**  
**PARENTAL CONSENT FORM**  
(For higher risk trips or where an overnight stay is planned)

**1. Details of Journey: Visit to Iceland**

**From:** Thursday 5<sup>th</sup> March – Monday 9<sup>th</sup> March

I agree to my son/daughter ..... (name) taking part in the above mentioned visit, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

**2. Medical Information**

(a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES, please give brief details.

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(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious?  
YES / NO

(c) Is your son/daughter allergic to any medication? If YES, please specify.

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(d) Has your son/daughter received a tetanus injection in the last five years? YES / NO

Please outline any special dietary requirements of your son/daughter.

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I undertake to inform the Co-ordinator/Headteacher as soon as possible of any change in circumstances between the date signed and the commencement of the journey.

**3. Declaration**

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I may be contacted by telephoning the following numbers:

Work: ..... Home: ..... Mobile .....

My home address is: .....

.....

If not available at above, please contact:

Name: .....

Telephone Number: .....

Address: .....

Name, address and telephone number of family doctor:

.....

My child does / does not have a mobile phone they will be bringing on the trip. If your child has a mobile

they will be bringing with them on the trip please provide their mobile number: .....

Date: ..... Signed: .....(Parent/Guardian)