



## Tudor Grange Academy Redditch

January 2014

Dear Parent/Carer

### Year 9 Visit to WW1 Battlefields, 15th-17th July 2015

The History department in conjunction with English and languages is planning a visit to the WW1 Battlefields from Wednesday 15<sup>th</sup> July – Friday 17<sup>th</sup> July 2015 and we are delighted to offer your son/daughter the opportunity of participating in this visit. We have obtained what we think is an excellent package for our students from a well-respected tour operator with over 25 years' experience in educational travel. Halsbury Travel are a fully insured tour operator and work specifically creating tailor made school visits around the world.

We will be travelling by coach on Wednesday 15<sup>th</sup> July departing from school at 7.30am and returning on Friday 17<sup>th</sup> July at approximately 9.30pm. The visit runs over 3 days and with two nights' accommodation. The cost of £205.00 is based on 28-31 students and will decrease if more than 31 students apply. The price for the visit covers the following:

- Return executive coach travel.
- Return channel crossings.
- Two night accommodation at Hotel Munchenhof in Langemark.
- Full board accommodation including breakfast, packed lunch and dinner.
- Comprehensive travel insurance.
- Entrance to:
  - Tyne Cot British Cemetery
  - Langemark German cemetery
  - Somme battlefield
  - Lochnagar Crater
  - Newfoundland Memorial Park
  - Menin Gate to attend the Last Post Ceremony
  - Time in the French town of Arras
  - Flanders Field Museum, Ypres

Your son/daughter must have a valid passport and a European health card. To secure a place on the trip could you please return the attached reply slip with an initial securing **non-refundable** deposit of £50 by Monday 9<sup>th</sup> February. Places will be allocated on a first come first served basis, however we will set up a reserve list in case anyone has to 'drop out' at a later date. This visit is classified as a voluntary activity during out of school hours and is subject to a charge to parents/carers. Unless fully financed by this method the trip cannot take place.

The cost will be reviewed in respect of all children whose parents/carers are in receipt of Income Support, Income based Jobseeker's Allowance or Child Tax Credits and to single parents/carers not in receipt of those benefits, provided that the parent/carer is not entitled to Working Tax Credit and their income does not exceed £16,190. In this case, would you please contact our school Finance department as soon as possible. If you wish to make payment for your son/daughter using our 'Parent Pay' system, you can do so by debit/credit card via the 'Quick Links' page on the school website.



If you have any questions please do not hesitate to contact me.

Yours sincerely

Mr Connolly

Head of History and RE

**REPLY SLIP – Please return to Mr Connolly by Monday 9<sup>th</sup> February**

**Year 9 Visit to WW1 Battlefields**

Student's Name: ..... Form: .....

I would like to reserve a place for my son/daughter to accompany the above visit and enclose a non-refundable deposit of £50.00. Method of payment (please tick appropriate box):

- Cheque (payable to Tudor Grange Academy)
- Cash
- Parent Pay

I understand at this point that this does not guarantee my son/daughter a place on the visit – this will be dependent on numbers. Confirmation either way will be made in writing with either a receipt for the monies or return of deposit made.

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**

Journey / visit to: **WW1 Battlefields**

From: Wednesday 4<sup>th</sup> March until Friday 6<sup>th</sup> March 2015

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: .....

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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)