4 September 2014

Dear Parent/Carer

Year 9 History Day Trip to France and Belgium
14 November 2014 & 21 November 2014

Once again, the History Department are arranging a day trip to France and Belgium for Year 9 students, to visit key points of interest related to the First World War. The content and nature of this trip will complement this term's work in History, and is highly recommended. The trip will be offered on two dates - members of 9N, 9O, 9T, 9L and 9E are invited to come on 14 November, and members of 9Y, 9H, 9S, and 9B are invited to come on 21 November. A further letter will provide more details concerning precise timings of the days, but you may wish to note that it will involve a very early start.

Travelling by coach and via the Channel Tunnel, the trip will include a comprehensive tour of several key First World War battlefields, cemeteries, museums and other points of interest. There will be some time in the town of Ypres. This will be a very busy, but highly productive day looking at various aspects of the First World War from different perspectives.

To make the trip as affordable as possible and maximise our time abroad, we arrange it ourselves using a local coach company. This means that, despite some rising costs, we are pleased to be able to offer the trip for £60. This includes travel, trip insurance and all entrance fees. However, students will need to provide their own food and spending money. The cost also covers a visit to school from 'Khaki on Campaign' during this term, and after the trip each student will receive a lapel badge to show their participation. We would ask that you make a payment of £60 in order for your child to participate in this trip. In cases of financial difficulty the cost of the trip may be spread over several payments - please contact Ms Hill at the school in writing (preferably by email nicole.hill@notleyhigh.com) as soon as possible if this is the case.

Students without their own passport can travel on a group passport, for this you will be given an additional form to complete **which must then be returned urgently together with a passport photo**. If your child already has their own **current** passport it would be beneficial for them to travel on that. Students will also need an **up-to-date** EHIC medical card. If they do not already have one, they are free of charge and take about 7 days to arrive if you apply online www.ehic.org.uk, or telephone 0845 606 2030. Please be aware that some other sites you may find when searching on the internet do make a charge, but this is for an 'application checking service'.

If you wish your child to participate in this thought provoking and reflective trip please complete **BOTH** of the forms attached, and return with payment to Student Services by **Friday 26 September 2014**. **Careful and full completion of the forms would be very much appreciated, especially in relation to the passport situation of your child.** Places are limited and will therefore be allocated on a first come basis.

Yours faithfully

Nicole K. Hill

Ms N Hill
Subject Leader - History

IMPORTANT – PLEASE COMPLETE ALL SECTIONS AND RETURN THE WHOLE SHEET, THE MEDICAL CONSENT FORM AND CHEQUE (OR 'PARENTPAY' REQUEST) TO THE BOXES PROVIDED IN BOTH THE STUDENT & CAMPUS RECEPTION AREAS IN SCHOOL

NAME OF STUDENT:……

Part 1 – Important: Passport Information

Please tick the appropriate statement:

❑ My child has their own, **CURRENT** passport (please contact Ms Hill immediately if it is not an EU passport).

❑ My child does **not** have their own passport and I would like them to be put on the group passport. I understand that my child must qualify for a British Passport.

Please note that we have to apply for this passport and have to allow 6 weeks. If you tick this box we will issue a further form. That completed form, together with one passport-sized photograph of your child, must therefore be returned to school <u>as a matter of urgency.</u>

Part 2 – Permission Slip & Confirmation of Payment Method

Year 9 History Day Trip to France and Belgium, 14 November & 21 November 2014

I would like to reserve a place for my son/daughter to take part in the History Day Trip to France and Belgium.

I enclose a cheque* (made payable to Notley High School & Braintree Sixth Form) for the £60

Please arrange for me to pay by ParentPay* (*Please delete whichever does not apply).

I understand that my child's place on the trip is subject to availability and their behaviour prior to its departure.

Signed……Parent/Carer

Print name…….

Please return all forms together with payment or 'ParentPay' request by Friday 26 September 2014

Parent/Carer Consent Form

Visit to: _____

From: Date _____ Time _____ to Date _____ Time _____

Student name: _____

Tutor group: _____

I agree to _____ _____ (name) taking part in this visit and have read the information sheet.

I agree to _____ 's (name) participation in the activities described.

I acknowledge the need for _____ to behave responsibly.

Medical information about your child

a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

_____

_____

_____

b) Please outline any special dietary requirements of your child.
eg vegetarian, gluten-free, nut allergy, dairy-free

_____

_____

c) Please outline the type of pain/flu relief medication your child may be given if necessary:

_____

_____

d) Is your son/daughter allergic to any medication? YES/NO

If YES, please give details:

_____

_____

For residential visits and exchanges only

a) 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 contagious or infectious? YES/NO

If YES, please give brief details:

_____

_____

_____

b) When did your son/daughter last have a tetanus injection?

_____

Please inform the Group leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Declaration

I agree to my son/daughter receiving medication as instructed 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.

Contact telephone numbers:

Work mother: _____ Work father:_____

Mobile mother: _____ Mobile father: _____

Home: _____

Home address: _____

_____

Alternative emergency contact:

Name:_____ Telephone number_____

Address:_____

_____

Name of family doctor: _____ Telephone number:_____

Address: _____

_____

Signed:_____

Date:_____

Full name (capitals)_____

THE GROUP LEADER MUST TAKE THIS FORM OR A COPY ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.