

Dear Parent/Carer

**Re: Geography fieldtrip**

**Date: Thursday 16<sup>th</sup> November 2017**

As part of our World Class Curriculum and Geography enrichment, I am pleased to invite your son/daughter to attend our second Geography field trip.

The aims of the visit are to:

- give students the experience of live fieldwork in a town or city;
- develop students' knowledge and understanding of Geography fieldwork in a human environment;
- expose students to fieldwork.

All of our Geography GCSE students have to attend the fieldwork trips as it is a compulsory part of the course. If pupils do not attend both field trips, then they will not be able to be submitted for the exams next summer.

The price of the fieldwork course and travel combined will be **£28.50; we are only asking for a £15 contribution towards this cost.** If your child is registered with the Academy for Free School Meals, we may be able to offer assistance with the cost of the trip. Please tick the FSM box on the attached consent form.

**The group will arrive back to Mark Hall Academy at 5pm approximately and will need to be collected from the Academy by a parent or carer. We need the students to meet at the Academy in the West Hall at 8am.**

Full payment must reach us no later than: **Tuesday 31<sup>st</sup> October**. Cheques should be made payable to: 'Academy Transformation Trust'.

Please complete the attached consent form and medical information and submit along with your £15 contribution in an envelope addressed to: The Finance Office, marking the envelope with the trip destination and student's name. The envelope should then be placed in the secure grey box next to the Reval machine in the main corridor.

A student's participation in this trip will be dependent upon a consistent record of good behaviour and an evident commitment to their learning in the classroom. The Academy reserves the right to refuse entry to/withdraw a student from a trip if they do not meet this requirement.

If you have any further questions or concerns, please do not hesitate to contact me.

Yours faithfully

Mr Stockdale



Acting Head of Geography

**Principal: Mrs C Franceschi BA (HONS), NPQH**

Mark Hall Academy, First Avenue, Harlow, Essex, CM17 9LR

T: 01279 866 280 F: 01279 866 286 E: [office@mha.atrust.org.uk](mailto:office@mha.atrust.org.uk) W: [www.mha.atrust.org.uk](http://www.mha.atrust.org.uk)

|   |
|---|
| <b>CONSENT OF PARENT OR GUARDIAN FOR YOUNG PERSON'S PARTICIPATION IN<br/>ORGANISED EDUCATION/RECREATIONAL VISIT</b> |
|---|

**Re: Geography field trip  
Date: 16.11.17**

I apply to you for a place on this visit, the details of which have been received and noted by me, for my son/daughter/ward

..... (Full Name of student)

1. **a.** I understand that there may be limited places available and that a reserve list will be implemented if the visit is over-subscribed.  
**b.** To pay the balance of monies owed for the trip to you on time according to the deadlines outlined in your letter.
2. **I understand that the payment or any part of it may not be returnable unless:**
  - a.** I cancel the place before you incur any expenses or enter into any commitments, or
  - b.** The academy cancels the visit for any reason and some money remains after meeting all expenses and commitments.
3. I accept that my child must comply with academy attendance and behavior, policies and if they are withdrawn from the visit at any time prior to the trip taking place on grounds of poor behavior, or attendance, I may not receive a refund if monies have already been paid to a third party provider in compliance with their terms and conditions.
4. I also agree to members of staff during the course of the visit to approve such medical treatment for my child as is deemed necessary in an emergency on the advice of a qualified medical practitioner. **I set out below any medical condition from which my child is suffering, together** with details of the treatment required.
5. I also attach details of special dietary requirements due to medical, religious or moral reasons.
6. I understand and accept that the activities in this visit will involve an element of risk. I agree and consent to my child taking part in the activities which have previously been explained to me.
7. I agree/disagree to my child being photographed and the photos being displayed on the school website, notice board or into the local press or Mark Hall Newsletter

|                                  |  |
|----------------------------------|--|
| <b>Signed: (Parent/Carer)</b>    |  |
| <b>Full name of Student:</b>     |  |
| <b>Emergency Contact Number:</b> |  |

**MEDICAL DETAILS WE OUGHT TO KNOW and SPECIAL DIET REQUIREMENTS?**

**My child is registered with Mark Hall Academy for Free School Meals: \*YES/NO (delete as necessary)**