

Date: 9<sup>th</sup> January 2018

Dear Parent/Carer

**Re: Planned trip to: Zell am See (Ski Trip)**

**Date of Trip: 16/2/19 – 23/2/19**

As part of our commitment to enrich the lives of our students, the Physical Education Department are planning to run a Ski Trip to Austria during February half term in 2019.

The aims of the visit are to:

- Give pupils an opportunity to develop and learn new skills
- Allow pupils to experience another culture through a variety of activities during the week.

We aim to take a minimum of 40 students and the trip is open to all students going into Years 8, 9 and 10 next academic year (current Years 7, 8 and 9). We will be travelling by coach and will depart Mark Hall Academy, with dates and departure time to be confirmed in the near future. Students will have the opportunity to take part in 6 days of skiing, led by fully qualified ski instructors, as well as a full range of après ski activities, all of which are included in the cost of the trip.

The price of the trip will be approximately £860.00 and the price includes the following:

- Return transport between the academy and ski resort
- Full board accommodation
- Ski pass
- Ski hire – Skis, boots and helmet
- Fully comprehensive insurance
- 6 x 4 hours ski lessons
- Après ski activities

Spending money and food during travel time is not included in the price of the trip.

We will be hosting a parent's information evening to be held in the West Hall on **17<sup>th</sup> January 2018 at 6pm.**

***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).***

If you would like your child to take part in this trip we ask for one non-refundable deposits of £200 in full. The deposit must be paid no later than 9<sup>th</sup> February 2018.

Payments can be made using the following methods:

- 1) An **online payment** via **Scopay**. Access can be made at [www.scopay.co.uk](http://www.scopay.co.uk)  
(If you have forgotten your username and password please contact the finance department who can support you with this)
- 2) **Cash or Cheque** (made payable to Academy Transformation Trust) in an **envelope clearly marked with your child's name and home group**; this can be placed into the **secure grey box in the main Science corridor**.

Attached to this letter is a **consent form that all students must return** to confirm their attendance on the trip,

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 M Kimberley  
PE Department

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

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

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**CONSENT OF PARENT OR GUARDIAN FOR YOUNG PERSON'S PARTICIPATION IN ORGANISED RESIDENTIAL EDUCATION/RECREATIONAL TRIP**

**Trip to: Zell am See (Ski Trip)**

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

My child is in receipt of Free School Meals YES/NO

1. I understand that there are limited places available and that a reserve list will be implemented if the visit is over-subscribed.
3. If a place is available, I agree:
  - a. That the deposit I pay to you of £ **200.00** is **non-refundable**.
  - b. To pay to you my share of any reasonable expenditure which you properly incur in organising the visit.
  - c. To pay the balance of monies owed for the trip to you on time according to the deadlines outlined in your letter or any subsequent notification.
4. **I understand that 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 school cancels the visit for any reason and some money remains after meeting all expenses and commitments.
5. I understand that if the visit is cancelled for any unavoidable reason I may be requested to pay a reasonable share of the cost of meeting all expenses and commitments where this is not covered by my deposit, or by insurance. I understand that under no circumstances would I be liable for more than the stated cost of the trip.
6. I agree that my child's participation in this visit is dependent upon their regular attendance and compliance with the academy's behaviour policy and that the academy reserves the right to withdraw my child at any time prior to the trip taking place, without a guarantee of a refund where monies have already been paid to a third party provider under their terms and conditions
7. 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 in the attached note any medical condition from which my child is suffering, together** with details of the treatment required.
8. I also attach details of special dietary requirements due to medical, religious or moral reasons.
9. I understand and accept that the activities in this visit will involve an element of risk and I agree and consent to my child taking part in the activities which have previously been explained to me.
10. ***I agree/disagree*** to my child being photographed and the photos being displayed on the school website, notice board, in the local press or Mark Hall Newsletter and Twitter feed.

| Parent/Carer Signature: | Print Name | Date: |
|-------------------------|------------|-------|
|                         |            |       |

|                          |  |
|--------------------------|--|
| <b>Visit to:</b>         |  |
| <b>Student Name:</b>     |  |
| <b>Date of Birth:</b>    |  |
| <b>Address:</b>          |  |
| <b>Telephone Number:</b> |  |

**EMERGENCY CONTACT NUMBERS:**

|          |  | Relationship to student |
|----------|--|-------------------------|
| Daytime: |  |                         |
| Evening: |  |                         |
| Daytime: |  |                         |
| Evening: |  |                         |
| Daytime: |  |                         |
| Evening: |  |                         |

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

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I agree to authorise members of staff during the course of the visit to approve such medical treatment as is deemed necessary in an emergency on the advice of a qualified Medical Practitioner.

SIGNED ..... PRINT NAME.....

DATE .....

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

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

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