

16<sup>th</sup> October 2017

Dear Parent/Carer

**Re: Planned trip to: York**

**Date: Thursday March 1<sup>st</sup> 2018**

As part of our commitment to enrich the lives of our students, the Year 7 Pastoral team are planning to run a visit to York on Thursday 1st March, 2018.

The aims of the visit are to:

- develop and enhance peer interactions, team building and a sense of community within the cohort
- experience a residential overnight stay away from home
- experience the National Railway Museum. Curriculum links to History & Geography
- experience a guided 'Ghost Walk' around York.
- experience a guided tour around York Minster. Curriculum links to Religious Studies, History & Art
- experience the Jorvik Viking Centre. Curriculum links to History

The trip is open to all students in Year 7. We will look to depart from the Academy around 6:30am on 1<sup>st</sup> March and return around 8:00pm on 2<sup>nd</sup> March. Please find attached a trip itinerary

The price of the trip will be £140.00 and the price includes the following:

- Full-board accommodation at YHA York
- Return coach travel
- Admission to all attractions as outlined in provisional itinerary
- National Railway Museum, York Minster guided tour, Jorvik Viking Centre, Evening guided 'Ghost Walk'
- Assistance of the Fussell's Travel Service staff in York

If you would like your child to take part in this trip we ask for a deposit payment of £30.00 in full to reach us *no later than* **FRIDAY 3rd November 2017** and the full balance to be paid *no later than* **WEDNESDAY 20<sup>th</sup> December 2017.**

***This is so that we can meet the payment deadlines set by the company.***

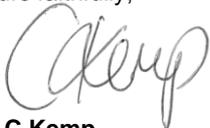
- 1) An **online payment** via **Scopay**. Access can be made at [www.scopay.co.uk](http://www.scopay.co.uk)  
(If you have forgotten your username and password please contact the finance department who can support you with this)
- 2) **Cash or Cheque** (made payable to Academy Transformation Trust) 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 C Kemp**  
**Year 7 Progress Leader**

**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)

### Trip Itinerary

	Day 1	Day 2
Morning	Journey by coach to York	York Minster guided tour Jorvik Viking Centre Journey back home
Afternoon	National Railway Museum	
Evening	Evening guided 'Ghost Walk'	

### **YHA York**

YHA York has recently undergone a £2 million refurbishment and provides excellent accommodation for a group visit to York. All of York's historic attractions are within a 25 minute walk from the hostel and on-site coach parking means that your coach is always on hand to transport your group should you wish to rest your legs.

An extremely popular choice with our regular visitors to York, YHA York is a fabulous destination for a school visit.



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

**Re: Planned trip to: York**

**Date of Trip: Thursday March 1<sup>st</sup> 2018**

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 £30.00 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. 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 or into the local press or Mark Hall Newsletter and Twitter feed.

Parent/Carer Signature:	Print Name	Date:

Please complete and sign both sides of this form. Thank you.

<b>Re: Planned trip to: York</b>	
<b>Date of Trip: Thursday March 1<sup>st</sup> 2018</b>	
<b>Student Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	

**EMERGENCY CONTACT NUMBERS:**

<b>Daytime:</b>	
<b>Evening:</b>	

**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 administer medication given by a qualified Medical Practitioner providing that the pupil's emergency form has been checked for any allergies.

I also 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 .....