

Dear Parent/Carer

**Re: Planned trip to: Walton on the Naze**

**Date: Wednesday 28<sup>th</sup> March 2018**

As part of our commitment to enrich the lives of our students, the Humanities department are planning to run a visit to Walton on the Naze on **Wednesday 28<sup>th</sup> March 2018**

The aims of the visit are to:

- develop and enhance peer interactions, team building and a sense of community within the cohort;
- observe coastal erosion and techniques to halt the erosion;
- experience the historic town of Walton on the Naze;
- engage with beach conservation

The trip is open to all students in Year 7. We will look to depart the Academy around 8.15am and return around 3.30pm.

Students will need to bring their own packed lunch. Should your child receive Free School Meals, a lunch will be provided.

The price of the trip will be £14.75 and the price includes the following:

- Beach conservation resources
- Return coach travel

If you would like your child to take part in this trip we ask for payment of £14.75 in full to reach us no later than: **FRIDAY 23rd March 2018.**

- 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 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 I Jordan**  
**Geography Department**

**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 ORGANISED EDUCATION/RECREATIONAL VISIT</b>
---

**Re: Planned trip to: Walton on the Naze**

**Date: Wednesday 28<sup>th</sup> March 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)

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, in the local press or Mark Hall Newsletter and Twitter feed.

<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)**