

Dear Parent/Carer

Re: Planned trip to: Opal Coast, France
Date of Trip: 25th April 2019

As part of our commitment to enrich the lives of our students, the Language Department are planning to run a visit to the Opal Coast, France on **Thursday 25th April 2019**.

The aims of the visit are to:

- Stimulate discussion in target language (French)
- Contribute to the provision of a broad, world-class curriculum
- An opportunity to discover French customs
- An opportunity to discover traditional food

We aim to take a minimum of 44 students in year 7 and 8 studying French. We will be leaving from the Academy with times to be confirmed closer to the departure and will ask students to be there before the departure time. Students will have the opportunity visit the area as well as a boulangerie in which they can have tasters.

The price of the trip will be £70 and the price includes the following:

- Travel by coach and local use of the coach within drivers' hours regulations
- Eurotunnel crossings
- Group Insurance
- Cost of the collective passport
- Visit to a boulangerie
- WST's Customer Service Charter
- 24 hour emergency response cover whilst on tour

We will be hosting a parents information evening to be held in the West Hall **Monday 19th November 2018 at 5.30pm**.

Your child will be required to bring a packed lunch and snacks for the day. They can bring some pocket money if they wish to do so (euros) and will be allowed to bring electronics to pass the time on the coach. However, these will be their responsibilities at all time during the trip and the school will accept no liabilities if anything was to be lost/stolen.

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).

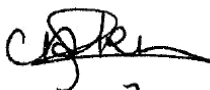
If you would like your child to take part in this trip we ask for payment of **£ 70** in full to reach us no later than by **30th January 2019** making an **online payment** via **School Money**. Access can be made at <https://eduspot.co.uk/> (If you have forgotten your username and password please contact the finance department who can support you with this).

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 via email: c.akin@mha.atrust.org.uk

Yours faithfully,



C. Akin

Principal: Mr Jonathan Fuller BA (Hons) PGCE NPQH

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

Re: Planned trip to: Opal Coast, France
Date of Trip: 25th April 2019

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.

Signed: (Parent/Carer)	
Full name of Student:	
Emergency Contact Number:	

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)