



REDRUTH SCHOOL

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Headteacher: **C Martin, BA (Hons)**

June 2017

Dear Parents/Carers

London Experience – Monday, 12 February – Wednesday, 14 February

We are offering a wonderful opportunity for a number of our students to visit London and provide them with an experience that may not otherwise be open to them.

We will be in London for 3 days and 2 nights and in that time we will visit the following:

- Science Museum
- Natural History Museum
- British Museum
- London Eye
- Aladdin
- Sightseeing tour of all the city's highlights.

The whole experience, including accommodation, travel and meals, will cost £330, and we are happy to accept payment over 30 weeks at £11 per week (all monies due by Friday, 26 January 2018). This price will also include all of the above visits. Students will be staying at a hotel run by an educational organisation, and all meals, with the exception of a packed lunch on the day of travel, will be provided.

We will leave school at 8 am on Monday, 12 February and return at approximately 9.30 pm on Wednesday, 14 February.

Nearer to the date, we will be holding a Parents' Information Evening to provide further details. If your son/daughter would like to join us, please complete the attached form and return it to me as soon as possible. Places will be on a first come first served basis. We are asking for a £50 deposit to secure your child's place to be paid online by visiting Parent Pay (see www.parentpay.com) using your previously issued unique login and password.

I do hope that your child will be able to join us on this exciting trip.

Yours sincerely

Miss J Thomas
Curriculum Leader Science





CORNWALL EDUCATION COMMITTEE
PARENTAL CONSENT FORM

This form has been produced for parent/guardians of young people to complete with regard to visits and journeys and gives the necessary authority to the school to take your child on the visit. **PLEASE NOTE** that in signing this form your rights are not affected in any way.

School/Youth Group	REDRUTH SCHOOL
Visit/Activity	London Experience
Date(s)	Monday, 12 February – Wednesday, 14 February 2018

I wish my son/daughter - please write their name here: _____
to be allowed to take part in the above-mentioned journey/visit and, having read the information provided, agree to him/her taking part in any of the activities described.

- I consent to any emergency medical treatment required by my child during the course of the visit.
- I confirm that: **(Please delete either a) OR b) as appropriate)**
 - My child does not suffer from any medical condition requiring regular treatment **OR**
 - My child suffers from: requiring regular treatment

If your child suffers from a particular complaint, please detail below or enclose a letter giving details of the complaint and its treatment.

Medical Conditions:

- I consent to my child travelling by any form of public or contracted transport and/or in a motor vehicle driven by staff or another member of the party.

Signature of Parent / Carer:	Date:
Address:	
Emergency Contact:	Email Address:

NOTES:

Either there is in force a policy of insurance in respect of this trip which provides cover for the matters referred to below.

OR you may wish to consider taking out a policy of insurance to cover any of the various matters referred to below.

The Local Authority through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money.

- If your child has an accident or suffers loss or damage to his/her personal effects and money which is not as a result of any lack of care on the part of the LA, its employees or agents, the LA will not be able to pay any damages or meet any expenses arising.
- Similarly if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to that third party or damage caused to the third party's property the LA will not be responsible for this unless it can be shown to be at fault in some way.