



Tuesday 14th January 2020

Dear Parent/Carer

Year 10 History Battlefields Trip 2020

We are looking to run the above trip to the First World War Battlefields of Belgium and France from **Monday 20th July to Wednesday 22nd July**. The cost of the trip includes insurance, transport on a double decker coach including Channel crossings, accommodation at the Peace Village, Messines (Belgium), food and drink, battlefield guiding and entry to two museums.

The cost of the trip has yet to be fixed but we anticipate the cost be in the region of **£200**. At the present time we asking for a non-refundable deposit of **£85** to secure your place. Your child will need a Passport to travel on this trip, which is in date by at least six months from the date of travel. We will write to you shortly after the closing date with further information regarding the trip including a payment schedule, an initial itinerary and a date for a parent/carer information evening. If the trip does not go ahead the deposit will be returned to the payment card used.

There are **72** places available for this trip. We are anticipating a high-level of interest and in order to keep things as fair as possible places will be allocated on a 'first come first served basis' from 10:20a.m. on **Tuesday 4th February and will close on Tuesday 11th February** or as the places are filled, whichever is sooner. Once the places are filled the trip will not show as an option on SCOPay. I do understand this may cause some disappointment and therefore a first come, first served system is the best way to ensure an equal chance for all students.

The Academy's preferred method of payment for this trip is by debit or credit card via www.scopay.com or the SCOPay app. Details on how to use this service are found under "online payments" on the parent's tab of the academy's website. First time users are required to enter a "Link code", which can be obtained from Mrs Tuffs in the Finance Office. It is recommended that you register for SCOPay beforehand. The return slip still needs to be handed to the Academy's Finance Office by **Tuesday 11th February** to confirm your place.

Should you have any questions about this trip then please contact me via email ed.louis@mca.attrust.org.uk or by telephone on 01638 714645.

Yours sincerely

E Lewis

Mr E. Lewis

Trip Lead



Mildenhall College Academy- EDUCATIONAL VISITS

PARENTAL CONSENT FORM (PC/07)

NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: Year 10 History Battlefields Trip

DATE(S) OF VISIT(S): Monday 20th July to Wednesday 22nd July

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: _____

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the academy's governors.

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Home Address

Alternative Contact if required

Name: _____

Name: _____

Address: _____

Address: _____

Post Code: _____

Post Code: _____

Tel: _____

Tel: _____

Tel: _____

Tel: _____

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

Please return to: Finance Office Bury Road on or before **Tuesday 11th February**

Re: History Battlefields Initial Deposit Dates: 20-22 July 2020 Ref: BAT200720

Student Name: Tutor Group:.....

I give permission for the named student to attend the above trip and I understand that if I withdraw them from the trip I may not get a full refund.

I have paid £.....using Scopay and my reference number is

I enclose cash/cheque for £.....

Signed..... Parent/Carer Dated.....

(£85.00 Deposit)