



Ke/Cc  
17th September 2019

Dear Parent/Carer

**Re: GCSE Geography Fieldtrip**

As part of their GCSE Geography qualification, students are required to carry out two geographical investigations and therefore attend two fieldtrips. Students will be asked to write about their investigations in their final exam. In June, students took part in their coastal fieldtrip.

The second fieldtrip will form part of an urban investigation and will take place on **Friday 4th October 2019 in Bury St Edmunds, Suffolk**. Students will be travelling by coach and will leave the academy at 9:15 a.m. Throughout the morning students will spend time collecting various data, before returning to the academy for lunch and afternoon lessons. Students will be required to wear full academy uniform and sensible footwear must be worn as we will be walking around the town. It is advisable to bring a waterproof coat for the changeable weather.

In order to finance this trip, we are asking for a contribution of £10.00. The academy accepts payments by debit or credit card via our website, [www.mildenhall.attrust.org.uk](http://www.mildenhall.attrust.org.uk) using SCOPay or the SCOPay app.

Details on how to use this service can be found under "online payments" on the parents' tab. First time users are required to enter a "Link Code" which can be obtained from Mrs Tuffs in the Finance Office. The reply slip must be in an envelope marked 'Geography fieldtrip' with the student's name and tutor group. If you are eligible for Pupil Premium funding then a discounted contribution can be arranged through a discussion with the Faculty Leader for Humanities, Mrs Powling.

I would be grateful if you could complete the attached forms and **return to the Finance by Friday 27th September 2019**.

Yours sincerely

*Mrs K Earll*

Mrs K Earll  
**Subject Leader of Geography**

Encs

**Please return to:** Finance Office on or before **Friday 27th September 2019**

**Ref:** GEO191004

**Re:** GCSE Geography Fieldtrip

**Date:** Friday 4th October 2019

**Student Name:**..... **Tutor Group:**.....

I give permission for the above named student to attend the GCSE Geography fieldtrip 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 .....

**Signed**..... **Parent/Carer**

**Dated**.....

(£10)



**Mildenhall College Academy- EDUCATIONAL VISITS      PARENTAL CONSENT FORM (PC/07)**

**NAME OF CHILD:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** Mildenhall College Academy

**VISIT(S) TO:** Bury St Edmunds, Suffolk - GCSE Geography Fieldtrip

**DATE(S) OF VISIT(S):** Friday 4<sup>th</sup> October 2019

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 academys' governors.

**Signed:** \_\_\_\_\_ (Parent/Carer)

**PLEASE COMPLETE THE SECTIONS BELOW**

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:** \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_