



Nms/Cc
30th September

Dear Parent/Carer

Re: GCSE Tate Modern Art Gallery Visit

The DT and Art Faculty have organised a visit to the Tate Modern Art Gallery in London. The trip will take place on **Friday 1st November 2019.**

This is an exciting opportunity for GCSE Art students that will provide them with a valuable experience and resources to support their studies. This trip will give them the opportunity to see art up close and inspire them throughout their developing projects.

We will depart the academy at 9.15 a.m. and travel by coach. We should arrive back at approximately 7.00 p.m. If we are delayed on the journey back from London, students will be asked to keep in contact with you via mobile phone.

Students will need to bring a packed lunch, plenty of water and a camera (if they have one). If you are in receipt of Free School Meals and would like the academy to provide a packed lunch, please indicate this on the form. If you wish, some spending money is advisable (no more than £20) as there are gift shops and postcards of art work available which students can purchase to contribute to their coursework. Students are to wear full academy uniform, outdoor clothing suitable for January weather and appropriate black footwear to be comfortable walking in city conditions.

In order to finance this trip, we are asking for a contribution of £22.00. The academy accepts payments by debit or credit card via our website, 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 'Tate Modern' with the student's name, tutor group. I would be grateful if you could complete the attached forms and **return to the Finance Office by Tuesday 15th of October 2019.** Please note that *places on this trip will be allocated on a 'first come, first served basis'.*

Yours sincerely

Miss N Moles-Smith

Miss N Moles-Smith
Art Teacher
Encs

Please return to: Finance Office on or before **Tuesday 15th October 2019**

Ref: TAT191101

Re: GCSE Tate Modern Art Gallery Visit

Date: Friday 1st November 2019

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

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

Free School Meal required? Y / N (please delete as appropriate)

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

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

(£22)



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

NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: Tate Modern Art Gallery, London

DATE(S) OF VISIT(S): Friday 1st November 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

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.
