



Dear Parent/Carer

### Thorpe Park 31<sup>st</sup> March 2020

We are organising the above trip to Thorpe Park on 31<sup>st</sup> March 2020. The trip involves visiting and riding the attractions at the theme park. Students will travel by coach. We will leave MCA at 8 a.m. and return by 8 p.m. Students will need to bring a packed lunch and drink to cover the duration of the trip and are not required to wear uniform.

In order to finance this trip we are asking for a contribution of £20. This will cover the cost of insurance and transport for the trip. The academy is paying for the entry to Thorpe Park as a reward for your child's contribution to the academy as a prefect.

If your child is entitled to a free school meal and would like a packed lunch provided, please indicate this on the reply slip.

The Academy's preferred method of payment for this trip is by debit or credit card via [www.scopay.com](http://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 Thursday 27<sup>th</sup> February to confirm your place.

Should you have any questions about this trip then please contact me via email [Richard.goodenough@mca.attrust.org.uk](mailto:Richard.goodenough@mca.attrust.org.uk) or by telephone on 01638 714645.

Yours sincerely

*R Goodenough*

Mr R Goodenough

Vice Principal, 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:** Thorpe Park

**DATE(S) OF VISIT(S):** Tuesday 31st March 2020

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 **Thursday 27<sup>th</sup> February 2020**

**Re: Thorpe Park**     **Dates: Tuesday 31<sup>st</sup> March 2020**     **Ref: THO200331**

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 £.....

My child is entitled to a free school meal and would like to be provided with a packed lunch. Yes / No

Signed..... Parent/Carer

Dated.....

(£20)