



**ST ALBAN'S RC HIGH SCHOOL**  
The Park, Pontypool, Torfaen, NP4 6XG

**YSGOL UWCHRADD GATHOLIG SAIN ALBAN**  
Y Parc, Pontypwl, Torfaen, NP4 6XG

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**Headteacher:** Michael Coady BSc.

7<sup>th</sup> June 2017

Dear Parent/Guardian,

As part of festival week Year 9 will be going to Thorpe Park on **Wednesday 12<sup>th</sup> July 2017**.

We will leave from Pontypool Active Living Centre (PALC) at 7:30am, in order to maximise our time in the theme park and hope to return to PALC by 7.30pm (the time will be confirmed en route). Please ensure that you are punctual in dropping off/picking up your child, as this may cause unnecessary delays.

The cost of the trip will be £40 each; this includes entry to the park and transport. Pupils will need to bring a packed lunch and wear appropriate clothing (waterproofs are advised), footwear and sun protection if the weather is warm.

If you would like your child to attend please complete the form attached, along with your permission for your child to attend and return it to me at the school by **Friday 16<sup>th</sup> June 2017**. There are 100 places available on the trip so it will be a first come, first serve basis.

Our preferred method of payment is via PARENTPAY which is safe, secure and simple. PARENTPAY holds an electronic record of your payments to view at a later date. No card details are stored in any part of the system. You can also make online payments for school meals. Please visit [www.parentpay.com](http://www.parentpay.com) enter your USERNAME and PASSWORD today. Please contact the school office if you have any problems.

**Please note that both payment and a completed Form 2 are essential in order to attend the trip.**

I hope your child has enjoyed this academic year and will be able to take part in the day to celebrate their achievements with the year group.

Thank you for your continued support in all aspects of your child's education.

Yours sincerely

Mr Joe Henry  
Head of Year 9



Headteacher: Michael Coady BSc.

## Parent/Carer Consent - Non-routine visits **FORM 2**

Visit/activity: Year 9 Festival Week Trip

Venue: Thorpe Park Theme Park Date(s): 12/07/17

Your child's name: \_\_\_\_\_ Form/Class (if relevant) \_\_\_\_\_

### Medical and dietary:

a) Does your child have any medical, physical or behavioural condition that may affect him/her during the visit? YES/NO

If YES, please give details (including medication taken and times):

\_\_\_\_\_

b) Please give details of any allergies (including allergy to medication):

\_\_\_\_\_

c) Please list any types of non-prescription medication or lotions your child may not be given:

\_\_\_\_\_

d) Please give details of any special dietary requirements for your child:

\_\_\_\_\_

e) Please detail any recent illness or accident suffered by your child that staff should be aware of

\_\_\_\_\_

f) To the best of your knowledge, has your child been in contact with any contagious or infectious disease or suffered from anything in the last four weeks that may be contagious or infectious?

YES/NO

If yes, please give brief details: \_\_\_\_\_

\_\_\_\_\_

h) When did your child last have a tetanus injection? \_\_\_\_\_

i) Please indicate your child's swimming ability:

Cannot swim  Able to swim a little in a swimming pool

Able to swim confidently in a swimming pool

Able to swim confidently outdoors (eg in a lake, river or sea)

### Your contact details:

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home address: \_\_\_\_\_



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## YSGOL UWCHRADD GATHOLIG SAIN ALBAN

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**Headteacher:** Michael Coady BSc.

**Alternative emergency contact:**

Name: ..... Telephone: .....  
Address: .....

**Family doctor:**

Name: ..... Telephone: .....  
Address: .....

**Declaration:**

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.
- In an emergency I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that the school/establishment may use activity images for promotional or publicity purposes.
- I understand the extent and limitations of the insurance cover provided.

**Full name of parent/carer (PLEASE PRINT):**

.....  
**Signed:** ..... **Date:** .....

**TO BE COMPLETED BY PARTICIPANT:**

I understand that for the safety of the group and myself I will undertake to obey the rules and instructions of members of staff.

**Signed:** ..... **Date:** .....