

# The Ramsey Academy, Halstead

Colne Road, Halstead, Essex CO9 2HR. T: 01787 472481 F: 01787 474267  
E: office@ramseyacademy.com • W: www.ramseyacademy.com



Headteacher:  
Rob James

20 June 2018

Dear Parent/Carer

In order to support the GCSE English Literature course, we have arranged to take Year 11 students by coach to the AQA GCSE Poetry Live! Day at The Corn Exchange, Cambridge on Thursday 31st January 2019.

A packed lunch will be required: if your child is in receipt of free school meals they can order a packed lunch from the school canteen in advance. Please indicate on the slip below if this will be required.

The total cost of the trip will be £27.00 which includes entrance tickets, transport and insurance. We will leave school promptly at 8.45 a.m. As the day finishes at 3.00 p.m. we hope to arrive back at school at approximately 4.30 p.m. from where students will need to be collected or be able to make their own way home.

Please complete and return the attached form and make payment via the Scopay system by Monday 17<sup>th</sup> September 2018 at the latest so that we can pay for the tickets. If you have any queries regarding Scopay please contact the Finance Office. If your child is on the Pupil Premium register, funding may be available for help towards the cost: please contact Mrs Sterland - csterland@ramseyacademy.com.

Students must wear full school uniform for this trip.

Should you wish to discuss any aspect of the trip, please feel free to telephone or email.

Yours faithfully

Ms Angela Williams  
Deputy Head of English  
Specialist Leader of Education

Mrs M Gibbs  
Assistant Head Teacher  
Curriculum Lead for English

✕.....  
To: **The English Faculty, The Ramsey Academy, Halstead**

Student Name ..... Tutor Group .....

I give permission for my son/daughter to attend the GCSE Poetry Live! Trip

I have made payment of £27.00 via the Scopay system.

**\*My son/daughter is registered for Free School Meals and would like lunch provided.**

Signed ..... Date .....  
(Parent/Carer)

ACTIVITIES OFF THE SCHOOL SITE  
PARENTAL CONSENT

ACTIVITY POETRY LINE - CORN EXCHANGE, CAMBRIDGE

NAME ..... FORM ..... Date of Birth .....

TEACHER RESPONSIBLE Ms WILLIAMS ..... Age on date of travel .....

I wish to enrol my son/daughter in this activity and recognise that I must meet the charge agreed. I also consent to son/daughter taking part in the activities of the visit, which have been explained to me. Once the booking has been made; no refunds will be possible, except when there are insufficient numbers for the trip to run. In this case the refund will be made by cheque.

Please PRINT the name of the person to whom this should be made payable.

MR/MRS/MS .....

1. CONTACTS

Parent/Guardian's name and address

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.....

Telephone No .....

G.P.'s name and contact address

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.....

Telephone No .....

Second contact (in event of Parent/Guardian not being available)

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Telephone No ..... Relationship .....

2. MEDICAL

a. Please list any allergies, including asthma, from which your son/daughter suffers.

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b. Please list any medication that your son/daughter will need to take on the trip. (All medication which must be carried at all times should be lodged with one of the teachers)

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P.T.O.

c. Please list any contagious diseases or other illnesses which your son/daughter has suffered within the last 3 months

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d. Please list any other information regarding your son/daughter's health, such as travel sickness, dietary requirements, sleeping problems that the Teachers will need to know.

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**3. OTHER INFORMATION**

a. Please list any information which you feel may be relevant to the activity. For example, whether/how far your child can swim.

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b. Please list any activities which are likely to be part of the trip in which you do not wish your son/daughter to participate.

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c. Please list any other health/safety information about which the teacher in charge should be aware.

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I also agree to authorise members of staff, during the course of this visit, to approve such medical treatment for my child as is deemed necessary in an emergency, on the advice of a qualified medical practitioner. I have set out above any information that may be relevant to my son/daughter's health, together with details of any treatment that may be required.

I am aware that the school has a detailed policy on the safe running of educational visits, which I can obtain from the school on request. I am also aware that the school's educational visits are always well organised with a particular attention paid to health and safety. I understand there can be no absolute guarantee of safety, but appreciate that the school leaders of the visit retain the same legal responsibility for students as they have in school and will do everything that is reasonably practicable to ensure the safety of everyone on the visit.

X  
Signed .....Parent/Guardian Date .....

X  
Emergency contact number .....