

AJA/eto

25th June 2021

Dear Parent/Carer

Year 12 London Trip

At All Saints Academy, we are committed to our vision of Living Well Together with Dignity, Faith and Hope. We offer a wide range of visits, trips and activities because we know that our students become more dignified through increased life experiences and their hope and aspirations for their futures are increased through broadening their horizons.

As part of this offer your child will be attending a visit to Westminster and the London Eye on Monday 5th July 2021. This trip will allow students to see London from above, learn about the geography of one of the world's greatest cities and enjoy breath-taking views of the famous London skyline. In addition, there will be a walking tour of central London's famous historical and cultural sights – Downing Street, the Houses of Parliament, the Mall, Buckingham Palace, Westminster Abbey and the Supreme Court.

Students will be travelling to London by coach, leaving the Academy at 8.30am and returning at approximately 4.00pm; any significant changes to our return time will be communicated via our Twitter feed. Students will need to wear Academy uniform but, as they will be walking around during the day, should ensure they wear appropriate footwear. Students will need to bring a packed lunch, plenty of refreshments and a coat with a hood. Students who are entitled to free school meals will be able to collect a packed lunch from the canteen before departing for the trip and we ask that this is ordered on the consent form.

We are pleased to be able to offer this trip at no cost to parents/carers. In order for your child to take part in this visit, please complete the attached consent form no later than Tuesday 29th June. Forms completed after this deadline may not be accepted.

Should you require any additional information regarding the trip, please do not hesitate to contact me at the Academy.

Yours faithfully



Ali Jaffer
Assistant Principal for Personal Development – Upper School

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Executive Principal: Liz Furber

Registered Company No: 06853140



Please complete and return no later than Tuesday 29th June 2021

Re: Year 12 Trip to London

I give permission for _____ (student name) to take part in the trip to London on Monday 5th July 2021.

My child is entitled to free school meals and
I would like the canteen to provide a packed lunch
My child will bring a packed lunch from home

As we will be arriving back at the Academy after the end of the school day, please state if you will be collecting your child from the Academy or if you are happy for them to make their own way home.

I give consent for my child to make their own way home upon returning from the visit
I will be collecting my child from the Academy

Having read the enclosed trip letter, I agree to my child taking part in any or all of the activities described.

Before signing this Consent Form, it is important that you understand that:

1. Whilst the supervisory adults in charge of the group will take all reasonable care of your child, they cannot be held liable in respect of loss or damage to property or injury suffered by your child as a result of the educational visit/journey, unless such loss, damage or injury results from the negligence of an employee or official volunteer of All Saints Academy Dunstable.
2. You read and understand the extent and limitations of the insurance cover provided, if applicable.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

EMERGENCY CONTACT DETAILS (please include name of contact)

Name of contact: _____ Relationship to student: _____

Home: _____ Work: _____ Mobile: _____

Please advise of any medical condition(s)/allergies/dietary requirements of which we should be aware:

Is the student taking any medication? YES / NO (delete as appropriate)

If yes, please name the medication _____

What dosage is taken and how often? _____

Do staff members have permission to administer the above medication where necessary? YES / NO (delete as appropriate)

Name of your child's doctor: _____ Doctor's telephone number: _____

Signed _____ (Parent/Carer) Date: _____