

JBA/eto

14<sup>th</sup> June 2022

Dear Parent/Carer

**Re: Year 8 Reward Trip to Whipsnade Zoo**

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.

I am pleased to advise you that your child has been invited to attend the Year 8 Reward trip to Whipsnade Zoo on Wednesday 20<sup>th</sup> July 2022. Students will be travelling to Whipsnade Zoo by coach and will be leaving the Academy at 8.30am and arriving back at the Academy at approximately 2.50pm, depending on traffic. Students must arrive at the Academy no later than 8.10am, as we will be unable to delay the departure of the coach for anyone who is late.

Students will be allowed to explore the zoo in groups, within specific boundaries set by Academy staff. Students will have to check in with staff several times during the day and there will be an emergency contact number for students to phone if they need assistance or help. As the weather can be unpredictable I would advise students to dress appropriately for the weather, this might include bringing a rain jacket or sun cream.

We also request that students are mindful of their style of dress, eg no crop tops or very short skirts/shorts, as, even though they are not wearing uniform, students are still representing the Academy. Students who do not meet these expectations will be sent home to change or may be removed from the trip. Students will need to bring a packed lunch or money to purchase lunch. Please note some Covid-19 restrictions are still in place and some amenities may only accept debit/credit card. Students entitled to free school meals may order a packed lunch from the canteen, if they wish, and this can be done on the attached consent form.

We are pleased to be able to offer this trip at no cost to families. If you are happy for your son/daughter to take part in this visit, please complete the attached consent form and return to Student Reception no later than Friday 24<sup>th</sup> June 2022. Please be aware that participation in this trip is dependent on students maintaining their high standards of behaviour and attendance up until the date of the trip.

If you would like any further information, please do not hesitate to contact us at the Academy on 01582 619700.

Yours faithfully



Jade Barrett  
Head of Year 8

*All Saints Academy, Houghton Road, Dunstable LU5 5AB*

*01582 619700*

*[www.allsaintsacademydunstable.org](http://www.allsaintsacademydunstable.org)*

*Executive Principal: Liz Furber*

*Registered Company No: 06853140*



**Please complete all sections and return to Student Reception no later than Friday 24<sup>th</sup> June 2022**

**Re: Year 8 Reward Trip to Whipsnade Zoo**

Students Name:

Tutor Group:

I give permission for my child to take part in the Year 8 Reward trip to Whipsnade Zoo on Wednesday 20<sup>th</sup> July 2022.

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/money to purchase food

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: \_\_\_\_\_