

Westbourne Academy

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Principal - Mr Garry Trott



Our Ref CBI/KBe

28 March 2018

Dear Parent

Year 10 BT Co-Space Trip: Tuesday 24 April 2018

Your son/daughter has been selected to take part in a Co-Space programming competition where they will compete against local schools. Students will need to bring a packed lunch and should wear the full academy uniform.

We will be travelling to BT Martlesham by car, departing the academy at 8:45am. Students will need to meet with me at 8.25am in the foyer and will not attend lesson one. We will depart from BT Martlesham at 3.15pm and anticipate arriving back at the academy at approximately 3.45pm. Arrangements will therefore need to be made for collecting your son/daughter at that time.

Visits play an important part in the learning of our students and we understand the financial demands placed on parents resulting from academy activities, which is why all costs associated with this trip have been funded by the academy.

On the parental consent form attached it is very important that you let us know of any medical condition or medication. Any student who would normally receive a free school meal will be provided with a packed lunch on the day. This visit is fully covered by the academy's insurance policy (ZURICH Insurance) although we will be travelling in my vehicle as there are only four students involved.

Please sign and return the attached consent form if you wish your child to attend the trip. Please ensure the form is returned to me no later than Friday 20 April 2018. If you have any further questions with regards to the trip, please do not hesitate to contact me.

Yours sincerely



Mrs C Blanch
Teacher of ICT & Computer science
Head of House (Nightingale)
Carmen.blanch@westbourne.atrust.org.uk
Direct Dial: 01473 466169





Trips

This letter is about a trip. This information is urgent. If you are unable to read this information because English is not your first language, please ask someone who speaks English to contact the school on 01473 742315 or email office@westbourne.attrust.org.uk

Lietuvių kalba/Lithuanian - Mokyklos ekskursijos/Trips

Šis laiškas yra apie ekskursijas. Ši informacija yra svarbi. Jei negalite perskaityti šios informacijos, nes anglų nėra jūsų gimtoji kalba, kreipkitės į ką nors, kas kalba angliškai arba kreipkitės į mokyklą 01473 742315 arba el office@westbourne.attrust.org.uk

Polski/Polish - Wycieczki szkolne/trips

Ten list jest o wycieczce szkolnej. Informacja ta jest ważna. Jeśli nie możesz przeczytać tej informacji, ponieważ angielski nie jest twoim pierwszym językiem, poproś kogoś, kto mówi po angielsku, lub skontaktuj się ze szkołą 01473 742315 lub e-mail office@westbourne.attrust.org.uk

Em português /Portuguese - Viagem de Escola/ trips

Informe-se sobre esta carta de uma viagem escolar. Esta informação é importante. Se você é incapaz de ler esta informação, porque o Inglês não é sua língua nativa, por favor, pergunte a alguém que fala Inglês deve contactar a escola 01473 742315 ou e-mail office@westbourne.attrust.org.uk

Limba română/Romanian - excursii școlare/field trip letter

Această scrisoare de informații este cu privire la o excursii școlare. Această informație este importantă. Dacă nu puteți citi această informație pentru că engleza nu este prima limbă, vă rugăm să întrebați pe cineva care vorbește limba engleză trebuie să contacteze școala 01473 742315 sau e-mail office@westbourne.attrust.org.uk

WESTBOURNE ACADEMY- EDUCATIONAL VISITS

STUDENT'S NAME: _____ FORM: ____ DATE OF BIRTH: _____

SCHOOL: WESTBOURNE ACADEMY

VISIT(S) TO: BT MARTLESHAM CO-SPACE COMPETITION

DATE(S) OF VISIT(S): 8.15AM – 3.15PM ON 24 APRIL 2018

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 school 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

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

Alternative Contact if required

Name: _____

Address: _____

Post Code: _____

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.

Office Use Only: