Westbourne Academy

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Principal - Mr Garry Trott

Our ref: ABr/KBe

27 February 2018

Dear Parent



Year 9 Design Technology: Visit to Design Museum, London – Thursday 22 March 2018

Your child has been invited to visit the Design Museum in London on Thursday 22 March. The purpose of the trip is to gather an insight into the full design process of Ferrari cars – design, concept, CAD, manufacture, testing and racing. Academy uniform is not required however suitable clothing and footwear for the venue is recommended. Your child will require a packed lunch and sufficient refreshments for the duration of the trip and a small amount of spending money should they wish to purchase a souvenir.

The students will be travelling by coach, departing the academy at 8.30am; we will depart from the Design Museum, London at 3.00pm and anticipate arriving back at the academy at approximately 6.00pm. 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 our school activities. A voluntary contribution of £23 is payable which covers the cost of admittance and transport. Should we receive insufficient interest or contributions to make this trip financially viable, it will be cancelled.

On the parental consent form it is very important that you let us know of any medical condition or medication. We will be carrying a first aid kit and at least one member of staff accompanying the visit is a qualified first aider. 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).

Please sign and return the attached permission form if you wish your child to attend the trip. There is space for a maximum of 30 pupils on the trip and places will be offered on a first come, first serve basis. Payment should be made online through your child's ParentPay account no later than **Thursday 15 March 2018**. Payment is required in full before the trip departs. The parental consent form should be completed, signed and returned to me by Thursday 15 March.

If you have any questions with regards to the trip, please do not hesitate to contact me at school by email.

Yours sincerely

Mrs A Brown

Team Leader - Design Technology Alison.Brown@westbourne.attrust.org.uk Direct Dial Tel:01473466121

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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

| TUE | DENT'S NAME: | | FORM: | DATE OF BIRTH: |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| SCHOOL: | | WESTBOURNE ACAD | DEMY | |
| ISIT(S) TO: | | Year 9 DT Trip to Design Museum, London | | |
| ATE(S) OF VISIT(S): | | Thursday 22 nd March 2018 (8.30am – 6.00pm) | | |
| dica | | | | the visit(s) and the activities ey have failed to take reasonable |
| | | ovided with regard to the stan force this information with my | | de of conduct expected during |
| | ent to my child receiving sary. | medical treatment that, in the | opinion of a qualified medic | al practitioner, may be |
| ly ch | ild's doctor's name and a | address is: | | |
| om t ircun | he visit for whatever reas nstances are covered by | I sums by whatever date(s) ar sons, there will be no refund o travel insurance or otherwise | of the whole or part of the pay at the discretion of the school | ol governors. |
| | SE COMPLETE THE SE | | | (FalelivCalel) |
| - | 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 Alternative Contact if required | | | |
| | Name: | | Name: | |
| | Address: | | Address: | |
| | Post Code: | | Post Code: | |
| | Tel: | | Tel: | |
| | Tel: | | Tel: | |
| • | 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. | | | |
| | | | | |
| | (Payment to be made via ParentPay online) | | | |
| | Office Use Only: | | | |