

## Westbourne Academy

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WESTBOURNE  
ACADEMY

Principal - Mr Garry Trott

Our Ref PWA/EPE

31 January 2018

Dear Parent

### Year 9 Visit to Army Museum & London Dungeon Experience: Tuesday 6 March 2018

The History Department are organising a trip for Year 9 students on **Tuesday 6 March** to visit the Army Museum in Chelsea and the London Dungeon. There are 49 places available and these are offered on a first come basis but also with a preference to those who are working well in History. This trip would particularly suit students who are thinking of choosing History as an option in Year 10/11.

In the morning there will be a *Total War* session, comparing the tactics of World War One and Two with object handling. There will also be an opportunity to spend time in the *World Wars Gallery* before lunch. In the afternoon students will visit the London Dungeon to experience the *bloody history of London* through the ages!

We will be travelling by coach, departing the academy at 7.30am; we will depart from London at 4.00pm and anticipate arriving back at the academy at approximately 6.30pm, therefore arrangements will 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. We therefore seek a voluntary contribution of **£26.00** to cover the cost of the coach and admission to the Army Museum/London Dungeon. However, should we not receive enough interest or contributions to make this trip financially viable, it will be cancelled.

On the permission slip 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. Payment should be made online through ParentPay no later than **Friday 9 February**. Payment is required in full before the trip departs. Please ensure your child returns the completed parental consent form to their History teacher by Friday 9 February. If you have any further questions with regard to the trip, please do not hesitate to contact me by email: pauline.walter@westbourne.atrust.org.uk.

Yours sincerely

Ms P Walter  
Team Leader/History

Enc [Trip Consent Form]





### **Giving Permission**

This letter is about important information. You need to understand this information before you sign the form. Do not just ask your child to translate the information. 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.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

**Lietuvių kalba/Lithuanian - Suteikti leidimą (įskaitant pietų kortelę )/giving consent** Šiame laiške yra svarbi informacija. Jūs turite suprasti informaciją prieš pasirašant ją. Neprašykite savo vaiko, geriau paklauskite suaugusio asmens kuris kalba Anglų kalba. 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.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

### **Polski/Polish - Dawanie pozwolenia**

List ten zawiera ważne informacje. Musisz zrozumieć informacje przed jej podpisaniem. Nie pytaj dziecka, lepiej jest poprosić kogoś dorosłego, kto mówi po angielsku. 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.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

### **Em português /Portuguese - Dê permissão/consent**

Esta carta é uma informação importante. Você precisa entender esta informação antes de assinar o formulário. Não basta pedir ao seu filho para traduzir a informação. 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.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

### **Limba română/Romanian - Permissiune/giving consent letter**

Această scrisoare este o informație importantă. Aveți nevoie să înțelegeți aceste informații înainte de a semna formularul. Nu doar să cereți fiul sau fiica ta pentru a traduce scrisoarea. 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.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

# WESTBOURNE ACADEMY- EDUCATIONAL VISITS

NAME OF CHILD: \_\_\_\_\_ FORM: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: WESTBOURNE ACADEMY

VISIT(S) TO: Year 9 Army Museum & London Dungeon Experience

DATE(S) OF VISIT(S): Tuesday 6 March 2018 (Depart 7.30am. Return 6.30pm approx)

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Payment required by ParentPay online)**

Office Use Only: