

4 September 2018

Stratford upon Avon Year 7 Residential trip

Dear Parents / Carers

A major part of the transition programme for Year 7 to Sir Thomas Rich's School is our two-night residential trip to Stratford-upon-Avon.

The Primary aim of the trip is for pupils to spend time together with their fellow tutees outside the confines of the classroom and allow friendships to form so that on their return they feel more confident about life at Sir Thomas Rich's School.

The trip will commence for:

- 7S, 7R and 7C on Monday 17th September and return on Wednesday 19th September 2018
- 7T and 7B on Wednesday 19th September and return on Friday 21st September 2018

Your son should arrive at normal time on his day of departure and will be back in time for the end of the school day on his day of return.

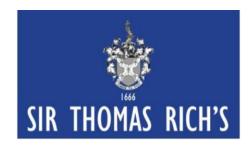
Students do not need to wear school uniform, but should bring a packed lunch with them for that day. All other meals will be provided by YHA Stratford.

Pupils will be staying at YHA Stratford and activities will include: **mini golf**, a trip to a **butterfly farm** and a **Royal Shakespeare Company workshop**.

We shall also be visiting **Shakespeare's birthplace**. Final details of the itinerary will be given to students just prior to departure. As we are away for only two nights, a small holdall and rucksack will be sufficient. A kit list is attached.

In order for the trip to take place, it must be self-financing, and so we invite you to make a contribution of £135.00* to cover the costs of travel and admission.

If you choose not to pay via the online facility, please include cash or a cheque with the consent form, in an envelope marked with your child's name and Form, and the name of the trip: **Y7 Stratford Residential**. If you have any queries regarding the online account, please contact our Finance Department (financeoffice@strs.org.uk).



I would be grateful if you could return the attached medical consent form to **Reception by Monday 10th September**, at the latest.

Many families received a medical consent form on the Saturday induction day in June and subsequently submitted it; there is no need to re-submit.

Yours faithfully

Jenny Robinson

Head of Year 7, jrr@strs.org.uk

*Parents on low incomes and in receipt of certain benefits (see School's Charging and Remission Policy) may contact the School for support in meeting the cost. If parents are unable to make the contribution their child will not necessarily be excluded from the visit but it may be cancelled if there are insufficient voluntary contributions.

Stratford Kit List

BAGGAGE

- 1 medium sized suitcase or holdall.
- 1 small rucksack for day activities.

FOOTWEAR

- 1 pair of trainers for walking.
- 1 pair of trainers / shoes for indoors.

CLOTHING

- 2 pairs of long trousers.
- 2 long sleeved tops
- 2 T-shirts
- A warm jumper
- Underwear for 2 days
- Nightwear
- Waterproof jacket

PERSONAL KIT

- Wash kit and a large towel
- Drinks bottle or flask
- Sun cream (weather dependent)
- Any medication

Please also remember to bring a **packed lunch for your first day.** All other meals to be provided by YHA Stratford

TRIP	IDD	
LEADER:	JRR	

Sir Thomas Rich's School Consent - Higher Risk Off-site Visits

(inc. personal & medical information)

The information being collected on this form is important to ensure that appropriate care and support is available for your child on school visits. We handle all data you provide to us in line with Data Protection Legislation and our own Data Protection Policy.

	Description and date of visit:		Stratford-upon-Avon, September 2018
	Name of participant:		Form:
,	Address:		
			Postcode:
	Date of Birth:	Pupil Mobile No	
	Name of Parent or Guardian:		
•	Contact Telephone Numbers: Day:	Evening:	Mobile:
	E-mail:		
	Additional Emergency Contact:		
	Name:	Rela	ationship:
	Telephone number(s)		
	Can your child swim 50 metre Does he/she have any special		f yes, please provide details
•	Medical Information:	ything (e.g. antibiotics, el	f yes, please provide details astoplast, aspirin, any particular food?

C .	If a residential visit, does your child have any night-time tendencies e.g. sleepwalking, nightmares, bed-wetting? YES/NO If yes, please give details
D.	Has your child had any recent significant illness or injuries? YES/NO If yes, give details:
Ε.	Has your child been in contact with any infectious or contagious illness in the last 4 weeks? YES/NO I f yes, give details
F.	Is he/she receiving any medication at present? YES/NO If yes, give details and state any special precautions required or side effects.
ap _i ent	rish a member of staff/ my child* to administer the above medication. <i>Please delete as propriate</i> . cal declaration and medical consent
	gree to my child taking part in the visit.
chi	, -
I g	ndertake to inform the visit leader of any changes in the medical or other circumstances of rild prior to the visit. ive/ do not give* my consent for visit staff to provide treatment for minor ailments such as adaches, colds, rashes, sunburn with "off the shelf" products commonly available from chem
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N.B. IF YOU WISH TO WITHHOLD YOUR CONSENT FOR ANY OF THE ACTIVITIES OR QUALIFY YOUR CONSENT FOR EMERGENCY TREATMENT PLEASE PROVIDE DETAILS BELOW:

IF YOU WISH TO WITHDRAW YOUR CONSENT, PLEASE CONTACT trips@strs.org.uk.