



The Ripley Academy

A member of the East Midlands Education Trust

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Headteacher: Mrs L Walton BA (Hons)
Headteacher/Head of School: Mr J de Rijk BA (Hons)
Deputy Headteacher: Miss J Scattergood (BEd)

Dear Parent/Carers,

London Art & Technology Trip December 2019

You will be aware that your child is currently studying a subject within our Technology faculty. As part of the course involves looking at contextual resources it is really important that we offer them the opportunity to experience this first hand.

We would like to invite students to participate in a residential visit to London this December. Students will be visiting numerous galleries and museums as well as participating in a range of exciting and enriching activities.

We will be travelling to London by coach on Monday 16th December 2019 and staying overnight to return the following evening. The itinerary is set to include the following:

Monday 16th Dec 2019 08:00 Coach departs from School

12:00 Museum 1 - Victoria & Albert Museum

15:00 Museum 2 - Design Museum

17:00 At leisure in Covent Garden

18:00 Meal Pizza Express

19:30 Theatre West End Show

23:00 Approximate arrival at accommodation School Hostel

Tuesday 17th Dec 2019 08:30 Breakfast at accommodation

09:30 Depart School Hostel

10:00: The London Eye

12:00: Museum 3 - Tate Modern

13:00 At leisure Borough Market

15:00 The Crystal

17:30 Approximate depart from London

21:30 Approximate return HOME

The price for this trip is £161 per person which covers all transport, accommodation, food as detailed above, entry fees and insurance. Places are limited, and deposits will be accepted on a first come first served basis.

The Ripley Academy, Peasehill, Ripley, Derbyshire, DE5 3JQ.

You may pay the cost of the trip in full or alternatively you can use the following payment plan:

- Deposit - £25 – to be paid by 7th October
- Final Balance - £136 to be paid by 18th November (Total £161)

The deposit should be paid using Parent Pay which can be found on the school website under the 'Parents' Section. Please contact Heather Ford at reception if you are not registered with Parent Pay. The completed form and the attached consent form should be taken to Student Reception as soon as possible; once the deposit has been made and a place confirmed on the trip, please make the final payment of £136 using Parent Pay.

Please note that once payments have been submitted and forwarded to all companies involved, they are non-refundable.

Should you have any further enquiries please do not hesitate to contact me via my email:

ltollervey@ripleyacademy.org

We hope that your child will be able to join us for what we know will be a very rewarding trip.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'L. Tollervey', written in black ink.

Mrs L Tollervey

Teacher of Design and Technology

For the attention of Mrs L Tollervey: London Art & Technology Trip December 2019

Childs Full Legal Name: _____ Form: _____

I consent to my child attending the London Art & Technology Trip on December 16th & 17th 2019, travelling to and from London and between venues by coach.

By signing this, I agree that my child must abide by all the rules and regulations in place to make this trip safe, that the deposit is non-refundable once submitted and that the final payment will be made on behalf of my child.

I acknowledge that The Ripley Academy reserves the right to refuse to allow my child to participate should there be any issues regarding behaviour during the time preceding the trip.

I have paid the deposit of £25 using Parent Pay

I have paid the full balance of £161 using Parent Pay

I have completed and returned the consent form

My child will be collected from school on return of the trip

(please advise school of any alternate arrangements)

Pizza express Meal choice: Margherita Pizza Pepperoni Pizza

(Please advise of any dietary requirements)

Soft drinks: Coca Cola Diet Coca Cola Orange juice Lemonade

Desert: Ice cream

I understand that my child will need a packed lunch for the journey and a small amount of pocket money for spending and to buy food and drinks as required.

Signed Parent/Carer: _____ Date: _____

Relationship to child: _____

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PARENTAL CONSENT FOR AN OFF-SITE VISIT



Name of Child: _____ Date of Birth: _____

Visit to: **London Art & Technology Trip**

From 16/12/19 Date/Time: 8am To: 17/12/19 Date/Time: 10pm

1.

I agree to _____ (name) taking part in this visit and have read the information provided. I agree to _____ 's participation in the activities described, I acknowledge the need for my child to behave responsibly.

I confirm my child is in good health and I consider him/her fit to participate YES/NO

2. Medical information about your child

(a) Any conditions requiring medical treatment, including medication? Yes No

Please give brief details of the condition below:

If your child requires medication, a medical consent form must also be completed.

(b) Please outline any special dietary requirements of your child:

(d) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? Yes No

If YES, please give brief details: _____

(e) Is your child allergic to any medication? Yes No

If YES, please give brief details: _____

(f) When was the last time your child received a tetanus injection?

Please ensure that the Declaration and contact details are fully completed.

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Name of family Doctor: _____ Telephone number: _____

Address: _____

Parent/carer contact information:

3. Mobile telephone number: _____ Home telephone number: _____

Home address: _____

If I am not available at the above, please contact:

Name: _____ Telephone number: _____

Relationship to child: _____

Address: _____

4.

Declaration

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. I understand the extent and limitations of the insurance cover provided.

I will inform the Visit Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

I understand that my child may be videoed or photographed to promote the activity at the school. I give consent for video and photographs to be taken of my child. I also understand these might be used promotional purposes.

Yes No

Signed: _____ Date: _____

Full name (capitals): _____

**This form or a copy must be taken by the Visit Leader on the visit.
A copy should be retained by the home contact**

Please ensure that the Declaration and contact details are fully completed.