

Ref: ESA/awl

17 January 2017

Dear Parent/ Carer

Year 7 Art Trip to the Tate Modern, London

As a part of your child's curriculum in Year 7 Art, a trip to the Tate Modern on **Tuesday 31 January 2016** has been arranged. Students will receive support from the Tate Modern staff to assist them in their learning, while exploring around the museum.

Our time at the Tate Modern is booked from 10:30 am to 2:00 pm. We will therefore leave the school at 9:20am and return back to the school in time for dismissal at 3:40pm. Students will need to bring a packed lunch and will also need to wear their full school uniform.

There are only 45 spaces available on this trip, therefore places will be given on a first paid, first served basis via ParentPay.

The cost of the trip is £12.75 and this will cover the cost of the coach as entry to the Tate Modern is free. In order to secure a place for your child on the trip, the attached Medical Consent form must be completed and returned to the Main School Office/Reception and the cost of the trip paid no later than Tuesday 24 January 2017. Payment should be made via your ParentPay account. Should you wish to pay by cash via PayPoint, please contact your child's College Admin Office and request a barcoded letter. Current legislation permits us to ask only for a voluntary contribution towards the cost of the visit. No student will be discriminated against on the grounds of inability to pay. However, if sufficient funds are not raised through contributions, then unfortunately the visit will have to be cancelled.

If you have any questions, please contact me at:

Erin.sampson@wilmingtonacademy.org.uk

Yours faithfully



Erin Sampson
Art Faculty

Wilmington Academy Consent Form

**CONSENT FORM FOR STUDENTS UNDER 18 YEARS ON AN OFFSITE VISIT
(Please write clearly)**

Wilmington Academy have arranged a trip to: The Tate Modern Art Gallery, London

Departure Date: 31 January 2017

Departure Time: 9.20am

Returning to: Wilmington Academy

Return Time: By 3.40pm

I agree to (full student name) _____ Date of Birth: _____ Form: ____ taking part in this visit /trip /programme as stated above.

Medical information

My son/daughter is in good physical health and I consider him/her fit to participate: **YES / NO**
Do they have **ANY** conditions requiring medical treatment, including medication: **YES / NO**
If YES please give brief details:

Is your son/daughter allergic to any medication/food/nuts/bee stings, etc?

If YES, please give details: _____

Travel

Seatbelts are provided on all Academy vehicles, **which must be worn** in the correct manner on all journeys. I understand that Wilmington Academy does NOT provide personal accident cover.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the qualified medical authorities present.

I hereby give Wilmington Academy and those staff who act on behalf of this organisation, the right and permission to use, reuse and/or publish photographic material/video footage of my son/daughter whilst participating in this college/youth event. All materials may be stored electronically and may be displayed on our website. I further agree that those who act on behalf of Wilmington Academy may use these materials for any promotional or educational or purposes, without limitation, reservation or compensation.

Tel No: Home: _____ **Work:** _____ **Mobile:** _____

Emergency contact name - if different from above: _____

Emergency contact No: _____

Full name (Please print): _____
(Parent/Carer)

Address: _____

Signature: _____ **Date:** _____