

Ref:LHA/sma/geo

11 September 2018

Dear Parent/Carer

Year 11 Geography Trip to Docklands – Tuesday 2 October 2018 (11Y/Gg1 and 11Y/Gg2)

The Geography Department has organised a trip to London Docklands for Year 11 students as part of their GCSE. The cohort will be split across two days; 11y/Gg1 and 11y/Gg2 will attend the day trip on Tuesday 2 October 2018.

Students will be collecting data to assist them with Paper 3 of their Geography GCSE.

Students will need to bring along a packed lunch or, if preferred, money to buy lunch during the day. Own clothes should be worn but should be suitable for a field trip and include comfortable shoes as students will be doing a lot of walking.

We will be meeting at Wilmington Academy at 8.40am to travel by coach to the O2 Arena; then by Emirates Air Line across the Thames to the Excel Centre and back, and then on to Canary Wharf by coach. We will return by 3pm in time for students to catch school buses or other modes of transport home. The cost of the trip is £15.00 and payment can be made via your child's ParentPay account. If you need a barcoded letter to pay by cash then please contact your child's College Admin Office in the first instance.

Please complete and return the attached consent form to either Mr Farr or Ms Hawkins by the 21st September 2018.

Yours faithfully



Lucy Hawkins

Head of Geography

lucy.hawkins@wilmingtonacademy.org.uk

Wilmington Academy Consent Form



CONSENT FORM FOR STUDENTS UNDER 18 YEARS ON AN OFF-SITE VISIT (Please write clearly)

Wilmington Academy have arranged a trip to: Docklands - including Emirates Air Line

Departure Date : 2 October 2018 Departure Time: 8.40am

Return Time: 3pm

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 : _____

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 :** _____