Letters/ConwayResidentialMarch2025/ESY/VBL

# Highcliffe School

Parkside, Christchurch, Dorset, BH23 4QD office@highcliffe.school 01425 273381 www.highcliffe.school @HighcliffeSchool f (2) @HighcliffeSch V

September 2024

Headteacher - Patrick Earnshaw Deputy Headteacher - Mathew Downs

Dear Parent/Guardians

We are delighted to be able to confirm our annual Art residential trip to Wales from Friday 28<sup>th</sup> March 2025 to Sunday 30<sup>th</sup> March 2025. This is an extraordinary opportunity for your child to be able to work with a range of professional artists experimenting with unusual materials and raising their artistic abilities in a stunning Arts Community. All the artwork produced this weekend will enhance students' GCSE portfolios.



https://conwaycentres.co.uk/anglesey

The cost of this trip will be £375 and will include: -

• Travel by private coach to and from Anglesey

SCIENCE

In the event of an emergency, please use the following contact details

Meals

- Accommodation
- One Art workshop completed across three days

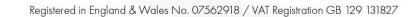
BULLYING

Member

The coach will aim to leave from Highcliffe School at 8.15am on Friday 28<sup>th</sup> March - please arrive at school for 8am. The coach is due to return to Highcliffe School around 8pm on Sunday 30<sup>th</sup> March. We will ask students to make contact with you during the journey to confirm the time of arrival to Highcliffe School.

Essentials to bring:	Suggestions as to what to bring: *	
Packed Lunch for the first day and money for	Camera	
snack/refreshment stops.	Reading book / Magazine	
Apron or old shirt/t-shirt	iPod & Headphones	
Warm waterproof coat	Pillow/small blanket for coach	
Warm, comfortable clothing	Motion sickness pills	
Hat, scarf & gloves – it's January!	Wet wipes	
Waterproof boots/shoes	Evening entertainment: travel/card games	
Indoor shoes/slippers		
Toiletries	* Please note the school accepts no responsibility	
Medication (if applicable)	for mobile phones, cameras, music players or any	
Phone charger	other personal possessions and you should ensure	
Water bottle	these items are insured separately.	
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STUDENT NAME ...... TUTOR ......



TO BE RETURNED TO MRS STOODLEY BY MONDAY 25th OCTOBER 2024

The Conway Centre, Anglesey Llanfairpwllgwyngyll LL61 6DJ 01248 714501

**Emily Stoodley** 

Trip Leader – 07976798858

## All medicine with full instructions <u>MUST</u> be handed over to the group leaders on arrival at school Friday morning.

The trip is being offered on a first come, first served basis and is limited to 40 spaces. Payment can be made via WisePay. Please ensure the first non-refundable deposit is paid by **7**<sup>th</sup> **October 2024** for the school to pay the tour operator by the due date. Unfortunately, we will not be able to secure your child a place unless the first instalment is paid by this date. The remaining balance is payable by **2**<sup>nd</sup> **December 2023**.

The payment schedule is -

Date	Payment
07/10/24	£100 – non-refundable deposit
01/11/24	£100
01/12/24	£100
13/01/25	£75

Highcliffe School expects students will behave in an appropriate manner whilst on school trips. This includes:

- listening to and following all instructions from members of staff
- returning to base promptly at the given times
- behaving in a courteous and respectable manner
- remaining always in designated groups

Student poor behaviour and/or attendance could mean your child's place on the trip is revoked. You may not be entitled to a refund.

If you would like your child to attend, please complete the attached medical consent form and return to Mrs Stoodley.

Yours faithfully

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Emily Stoodley Head of Art, Design and Technology



TUTOR .....

#### TO BE RETURNED TO MRS STOODLEY BY MONDAY 25th OCTOBER 2024

STUDENT NAME .....

#### PARENTAL CONSENT FORM

#### (for children and young people under the age of 18)

The purpose of this form is to obtain your consent for your child to take part in the proposed event.

#### DATA PROTECTION

Highcliffe School is a Data Controller for the purposes of the General Data Protection Regulation (2018). This Act regulates how we obtain, use and retain information about individuals.

The information you supply is being collected for the purpose of gaining your consent.

When you sign <u>or</u> complete this form, you are providing your consent to Highcliffe School holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.

#### DETAILS OF PROPOSED EVENT

Event: YEAR 11 CONWAY TRIP

Additional information: FRIDAY 28<sup>TH</sup> MARCH 2025 – SUNDAY 30<sup>TH</sup> MARCH 2025

#### ACKNOWLEDGEMENT OF RISK

This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level.

To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given.

Details of planning and risk assessment are available on request.

#### STUDENT'S DETAILS

Full name:

Home address:

#### **MEDICAL / EMERGENCY CONTACT INFORMATION**

PRIMARY EMERGENCY CONTACT DETAILS	ALTERNATIVE EMERGENCY CONTACT DETAILS
Surname:	Surname:
Forename:	Forename:
Home address (inc postcode):	Home address (inc postcode):
Home telephone number:	Home telephone number:
Mobile telephone number:	Mobile telephone number:
Relationship to student:	Relationship to student:
GP name:	GP surgery address (inc postcode):
Surgery telephone number:	



STUDENT NAME ...... TUTOR ......

### TO BE RETURNED TO MRS STOODLEY BY MONDAY 25th OCTOBER 2024

		nelps us to keep your child safe	
Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
leart condition	YES / NO	Any other allergies, e.g. material, food, plasters	YES / NO
its, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
evere headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO
All		RIP PAYMENT de using the school's online WisePay facility	
have paid using WisePay and my r	eference number is		YES / NO
	CONSI	ENT DECLARATION	
I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.		YES / NO	
by any medical doctor present, sho	ould the need arise. I have pro	ment, including anaesthetic, as considered necessary ovided detail of all medical conditions and illnesses for the members of staff to act 'en loco parentis'	YES / NO
•	otographed during the event	t and for these photographs to be used in school	YES / NO
Any other information that may aff event has been provided to the org	YES / NO		
	COVID-19 GUID	ANCE	
the trip you must inform the schoo charged. Please note that the venue you are	I in line with our school polic travelling to may have their	19 or tests positive for Covid-19 prior to the trip date or y and accept your child may not be able to attend the to own policy regarding Covid-19 safety measures which all students are aware of what these measures are be	trip and may still be your child will need
	TRA	VEL INSURANCE	
f you have any medical concerns t		's ability to travel, please refer to our medical/travel in	surance guidelines
on the following link <u>https://highcl</u>	iffe.school/I/TravelInsurance		