10 May 2018

Dear Student

Visit to Alton Towers - Monday 16 July 2018

Congratulations on your hard work and effort. We hope that the following visit will prove an enjoyable reward for your commitment to your studies.

Details

- Depart from Carre's 9am. Transport provided by Sleafordian.
- Depart from Alton Towers approx. 6.30pm (after rides close).
- Return to Carre's approx 8.30pm (parents required to collect students from Carre's).
- Cost £28.50 (includes entrance ticket and transport).

Students will require money to purchase food and drink at the park or a packed lunch and tea. Students may wear 'civvies' but should bear in mind that they should be prepared for both hot and wet weather. It is advisable to take a waterproof coat and a hat plus sunscreen in case it is hot and sunny, we might be lucky! Parents and carers should be aware that students will not be under close supervision by members of staff during the majority of the visit. However, they will be required to be in groups of AT LEAST four people. They will be required to report via text / mobile phone call at set times during the day. There will always be members of staff available at an agreed rendezvous point throughout the day should any student require assistance. Reporting in and contacting duty staff will be via the school mobile phones. We leave the park after rides close as this usually means the boys get one last chance to go on some of the bigger rides. To allow maximum flexibility regarding routes home we are unable to agree to dropping off students en route to Sleaford.

In the case of delay, parents should expect to be contacted via mobile phones on the evening. The school visit mobiles will also be a point of contact; Carre's Mobile 1: 07505 736962; Carre's Mobile 5: 07758 719694. If your son does not have a mobile phone, he should ask a member of staff to use a school phone to notify parents of the expected time of arrival.

Application Arrangements

Places will be allocated on a 'first come first served' basis according to the published criteria. <u>The closing date</u> for applications to take part in this visit is **THURSDAY 17 MAY**.

Students wishing to secure a place need to complete the attached booking / consent form and hand it in to the school office. <u>Please ensure it is folded as directed and the cover slip is filled in. Once a place has been</u> <u>allocated the visit will appear on ParentPay after the closing date and payment must be made by 1pm on</u> <u>FRIDAY 25 MAY. If payment has not been received by this time you will not be able to attend.</u> Thank you for your cooperation in this.

We look forward to receiving your applications and to an occasion that should prove to be an apt reward for all of your hard work this year.

Yours faithfully

Matthew Wilson Pastoral Leader

Rosemary Brooks SENCO/Student Support

Carre's Grammar School REWARD VISITS SUMMER 2018

VISIT:	ALTON TOWERS	Monday 16 July	£28.50	(Thursday 17 May Closing Date)
Name	of Student:			Form:
Stude	nt's Mobile Phone Num	ber:		
(This v to)	vill enable supervising st	aff to quickly track dow	n a student or inde	eed group of students should they need
Vouch	er			
Parent	Pay		£28.50	(Payment due by 1pm Friday 25 May)
* If up:	able to pay full amount in	modiatoly a place cap l	he secured with a s	mall donosit

* If unable to pay full amount immediately a place can be secured with a small deposit.

I consent to my son (name) taking part in the visit indicated and as outlined in the attached letter.

I understand that there will be times at *Alton Towers* where my son may not be under the direct supervision of a member of staff and have ensured that my son is clear about how to contact a member of staff should he need to do so.

I have also reinforced the importance of listening carefully to all instructions and the necessity of complying with those instructions on the visit selected.

I consent to any medical treatment that may be required in an emergency in the event that I cannot be contacted at the numbers given below:

Name of Contact	Relationship	Contact Numbers
Please indicate here any medical con	ditions / current medication we need to	b be aware of:

Signed:	Date:
Please Print Name:	
Relationship:	

ALTON TOWERS

Name of Student:

Form:

Office use ONLY:

Booking Form Number: