



Haygrove School

Durleigh Road, Bridgwater, Somerset TA6 7HW
Tel: 01278 455531 Fax: 01278 427972
www.haygroveschool.co.uk
Headteacher – Mrs K Canham, BA (Hons), MA



19 April 2018

Dear Parent

YEAR 10 HOLLYWOOD BOWL – THURSDAY 17 MAY 2018

We have arranged for Year 10 students to go ten-pin bowling at the Hollywood Bowl in Taunton. The cost is **£ 10.60** for a game of bowling, coach and insurance. We will be going to McDonalds after bowling so please ensure your child has spending money for their meal. We will be leaving school at 3.30pm and will return at 7.00pm. Students should meet Miss Mitchell outside the boys and girls changing rooms at 3.20pm. Please ensure that your son/daughter has an appropriate contact number in case of an earlier or later return. Members of Haygrove staff will accompany the students. The emergency school contact number is Mrs C Morgan on 07837 900365. Please bring a change of clothes. The dress code will be smart casual (ripped jeans/unsuitable logos/cropped tops are not acceptable).

All places on this visit are subject to good attendance and behaviour and the head of year has the right to withdraw a student from a visit if these criteria are not met.

If you would like your child to participate in this activity, please complete the slip below and return it to the **Finance Office** during morning registration by **Monday 30 April 2018**.

Yours sincerely

Miss R Mitchell
Head of Year 9

HAYGROVE SCHOOL YEAR 10 HOLLYWOOD BOWL – THURSDAY 17 MAY 2018

Please return this slip, (during morning registration) to finance by **Monday 30 April 2017**

Child's Name _____ Tutor Group _____ Date of Birth _____

Home Address _____

Emergency Telephone Number for the day of trip: _____

Any Medical Information : _____

I wish my son/daughter to be allowed to take part in the above mentioned activity/visit and, having read the information sheet, agree to his/her taking part in any or all of the activities described. I understand that, while the establishment staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the activity/visit. All activities/visits are covered by public liability insurance and trips outside the County are covered by comprehensive travel insurance. Details of cover are available from the establishment on request.

I have read, understood and agree to the Declaration and Explanatory Notes on the reverse of the attached letter. I am happy for named photos of my child to be released to the Press, Haygrove Newsletter and Website.

I enclose £10.60 in cash (exact amount please). Please note this is not refundable if your child later withdraws from the trip, unless a replacement can be found.

Signed _____ Parent/Guardian Date _____

Please print name _____ (Mr/Mrs/Ms/Miss)



EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It advises you that the Haygrove School Academy Trust will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
3. It contains information about your child together with your consent to medical treatment if required.
4. It gives the supervising staff immediate information on how to contact you in an emergency.
5. If this form is not returned your child will NOT be able to participate in the visit.
6. If you wish to discuss the contents, please contact our Educational Visit Coordinator, Mrs C Morgan at Haygrove School.
7. Data Protection. Haygrove School Academy Trust, as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems, with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Haygrove School Academy Trust. Data collected is used for registration and monitoring purposes, and emergency contact information.

Declaration

Having read the information sheet, I agree to my child taking part.

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation, there will be no obligation on the school/establishment to refund any money.

I agree to my son/daughter receiving medication as I have instructed in this form 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.