



Haygrove School

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www.haygroveschool.co.uk

Headteacher - Mrs K Canham, BA (Hons), MA



15 July 2016

Dear Parents/Guardians

ICELAND – OCTOBER HALF TERM 2017

I am delighted to announce that Haygrove School is planning a joint school trip to Iceland with Brymore Academy, which will take place during the October half-term of 2017.

The trip will be a once in a lifetime opportunity for many of our students and, as you can appreciate, the organisation of such a visit requires contacting parents very early on in order to gauge the number of students interested before booking can be confirmed. Unfortunately if there are insufficient numbers, the visit may not go ahead primarily because of the increase in cost; the more students who attend, the lower the cost.

Based on a minimum of 20 students the price is likely to be in the region of **£930*** (including a non refundable £300 deposit). Further payments will be in instalments. Should insufficient numbers make the trip viable the £300 deposit will be refunded. The price includes flights, accommodation, coach hire, food, visits and insurance. Students will have the incredible opportunity to see waterfalls and geysers, visit a glacier, catch a ferry to the volcanic island of Heimaey and relax in the Blue Lagoon, a naturally heated shallow lake.

* If more students attend the trip, the cost will lower as it becomes more viable and this is one reason why the trip will be in partnership with a local school. For this reason, we expect that with 35 students attending the trip, the cost will lower to **£860**. A full payment plan will be available when we know the final costs.

Please find attached an information sheet that contains details of the trip for your consideration. If you have any questions or would like to know more, please feel free to contact me via my school email.

As this is an extracurricular trip which is taking place in school holidays, no provision from Pupil Premium support will be available from the school.

If you decide you would like your son/daughter to attend the visit in 2017, please complete the slip below. **Deposits can be paid to finance from 7 September 2016. I gratefully request that the first £300 deposit be paid before the 20th September 2016.** If paying by cheque, please make it payable to Haygrove School. Once deposits have been paid to Rayburn Tours, then these will become non- refundable. May I take this opportunity to also point out that the total cost of the visit would need to be settled by the beginning of **June 2017** in order for us to process the final payment to Rayburn Tours on time.

Yours faithfully,

Miss R Mitchell.

Head of Year 9 & Trip Organiser

Email: www.haygroveschool.co.uk



HAYGROVE SCHOOL: ICELAND – OCTOBER HALF TERM 2017

Please return with payment to the **Finance Office** during morning registration between 7- 20 September 2016

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 cash £300.00 (exact amount). (Please note this is non-refundable if your child withdraws from the trip) Please make cheque payable to 'Haygrove School' and write your child's name, tutor group and Iceland on the reverse.

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.

