

June 2022

Dear Parent/Carer

**Re: End of Year Rewards Trip – Year 8**

It gives me great pleasure to write to inform you that your child has been invited on the End of Year Rewards Trip as over the academic year we have seen clear evidence of their good behaviour and their ability to continually meet college expectations.

The End of Year Rewards Trip is on Tuesday 19<sup>th</sup> July 2022.

On the day your child is to come in non-school uniform and bring a packed lunch. If your child is on Free School Meals a packed lunch will be available for them. They will need to be in College for 8.45 am and the day will end as normal at 2.30 pm

The day will consist of a rewards assembly in the morning followed by a trip to The Savoy Cinema in Worksop, which the College has privately hired for this occasion and is paying the entry price per student. However due to the cost of transportation we are asking for a contribution of £10 towards the visit. This price has been fixed at the price charged in 2019 as the college appreciates the current rise in cost of living. We do want every child to attend so if you will struggle with the cost please do not hesitate to contact the College.

Please can you complete the reply slip below and return it to the Finance Office by Thursday 7<sup>th</sup> July. **Payment should be made via the School Gateway or over the phone by debit/credit card.** Please contact the Finance Office regarding this.

Please note that in the unlikely event that your child fails to continue to meet the college behaviour expectations before attending the trip then their place will be withdrawn

Please congratulate your son/daughter on their achievement this academic year.

Yours sincerely

*D Lloyd*

Mr D Lloyd  
Associate Assistant Principal

*L Harnell*

Mr L Harnell  
CCTL Year 8

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**Reply Slip End of Year Rewards Trip Y8. Please return to the Finance in the Hub by 07.07.2022**

Name ..... P&A Group.....

I hereby give permission for my son/daughter to go on the visit to The Savoy Cinema

\*I will be collecting my son or daughter from school.

\*My son/daughter has my permission to walk home. (\*Please delete as applicable).

There are no changes to my son/daughters medical or contact details (you do not need to complete the attached Medical/Consent form)

Signed..... (Parent/Carer) Date.....



**Off-Site Learning & Sports Fixtures  
Medical Details Form**

Details of Visit	
Name of Visit	
Date(s)/ Time(s)	

Full details of the visit are provided on separate information sheets or during an Information Evening. Parents should note that students will not be allowed on the visit unless this form is completed and returned to the college and acknowledge the need for him/her to behave responsibly.

Student			
Student Name		P&A	
DOB		Country of Birth	
Address			

Emergency Contact			
Name		Relationship to Student	
Number		Additional Number	
Name		Relationship to Student	
Number		Additional Number	

Medical / Dietary	
Medical Condition/ Disability/ Allergies – please detail	
Treatment/ Medication – please detail	
Dietary requirements – please detail	
GP Details – Surgery Name/ Address and contact number.	Name: _____ Tel No: _____ Address: _____

Residential Visits			
Is your son/ daughter allergic to any medication? If yes please specify.	Yes / No.	When did your son/ daughter last have a tetanus injection?	Month / Year

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

I agree to my son/daughter receiving medication as instructed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (capitals): \_\_\_\_\_

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY INFORMATION SHEET WITH ALL INFORMATION SHOULD BE RETAINED BY THE COLLEGE CONTACT ON RESIDENTIAL VISITS