

June 2011

Dear Parents/Carer,

Year 7 Induction Visit to Colomendy Educational Activity Centre October 19th – 21st 2011

The residential experience is designed to help our students learn about their strengths, to develop various skills including team work as well as providing opportunities to meet others in the year group and make new friends.

This year we are taking the group to the Kingswood activity centre, Colomendy which is located in North Wales near Loggerheads. The visit will take place from Wednesday 19th October until Friday 21st October 2011. We will depart from school at approximately 1.00pm on the Wednesday and return in time for the end of school on the Friday. Students will travel to the site by coach with Elite Coaches.

The programme of activities is yet to be finalised but usually consists of climbing, high ropes, challenge course, initiative exercises and some indoor group work. Further details can be found on the Kingswood website www.kingswood.co.uk

The accommodation for all will be in the dormitories. Pupils will be either in rooms that are designed for groups of 4-8 or larger rooms accommodating approximately 15 pupils. They will sleep in beds and bedding is provided by the centre. There may be other groups using the site whilst we are there. Please note that students will need only old clothes and shoes that they do not mind getting dirty or wet.

Insurance cover will be provided by ACE Europe via a policy with Trafford Council, a copy of this policy is available on request. Please ensure that your child is fit to go on the visit prior to making payment.

The cost of the visit is £116 and the expectation by the school is that you will make full contribution, however if you are unable to fully contribute you are invited to contact the Business Manager in confidence. Payments are to be made using ParentPay or PayPoint and deposit payments need to be made by Monday September the 19th 2011.

We hope that your child will want to take part in the residential. Payments can be made from July following receipt of your ParentPay username, password, and set up details which you must use to activate your account. We are in a position to be able to provide you with payment deadlines at this time, in order to assist your future financial planning.

- Letter on the first day of term in September with reply slip, and medical form.
- Monday 19th September 2011 – Deadline for full payment of £116 and return of reply slip and medical form.

We reserve the right to withdraw the place if the behaviour of any student gives cause for concern.

We hope that you will take the opportunity to attend the Year 7 Induction Evening on Thursday 30th June 2011 as Mr Price-Uden, Key Stage 3 Leader will deliver a presentation about the visit and there will be opportunity to ask questions.

If you have any concerns or problems relating to the visit please do not hesitate to contact me.

Yours sincerely

Mrs P Bleakley
Head of Progress and Learning Year 7

Mrs A McPartland
Business Manager

REPLY SLIP:- PLEASE RETURN TO Student Services with Medical Form in a named envelope by Monday 19th September 2011.

Visit to Kingswood Colomendy on Wednesday 19th October 2011 until Friday 21st October 2011

STUDENT NAME: _____ **FORM:** _____

I/We give permission for our son/daughter to participate in the above trip/activity.

EMERGENCY CONTACT DETAILS

Please provide contact details below:

CONTACT NAME: _____

RELATIONSHIP TO STUDENT: _____

CONTACT NUMBER/S: _____

MEDICAL INFORMATION

Please detail any medical conditions/medication that your child has/is taking.

DISCOUNTS/REFUNDS

On some recent visits we have received unexpected discounts from venues etc after students have made payment/participated in the visit.

If you are due a refund greater than £5 we will refund this money to you.

If you made your payment via PayPoint please detail below who you require the cheque to be made payable to:

CHEQUE TO BE MADE PAYABLE TO

Signed _____ Date: _____
(Parent/Carer)



Headteacher: Mr. M. Smallwood

Registered Office:

Marsland Road, Sale,
Cheshire, M33 3NH

Tel: 0161 973 3217

Fax: 0161 976 4904

Email: office@salegrammar.co.uk

Website: www.salegrammar.co.uk

Company Number: 07538380

9th September 2011

Dear Parents/Carer,

Year 7 Induction Visit to Colomendy Educational Activity Centre October 19th – 21st 2011

In June we advised you of our proposed induction visit to Colomendy Education Activity Centre in October. Hopefully you were able to attend induction evening on June 30th 2011 and we were able to answer any questions that you had.

If you have not received the letter that was sent out in June, please refer to the school website where you can find a copy of the letter, or contact the school. The letter contains important information relating to the guidance we follow in terms of charging for activities and your entitlements.

Payments must be made through your ParentPay account by Monday 19th September 2011. I have included a reply slip and medical form with this letter and they should be completed and returned by Monday 19th September 2011. Please send the medical form and reply slip in an envelope clearly marked with your child's name, form and title Year 7 Kingswood Residential to Student Services.

Final details and the kit list will be sent to you two weeks before the visit, in the meantime if you have any concerns or problems relating to the visit please do not hesitate to contact me.

Yours sincerely

Mrs P Bleakley
Head of Progress and Learning Year 7

Mrs A McPartland
Business Manager



SALE GRAMMAR SCHOOL EMERGENCY CONTACT AND CONSENT FORM

LOCATION:- Kingswood Colomendy

Dates and Times of Visit: from: Wednesday 19th October 2011 to Friday 21st October 2011

Please complete all parts of this form and return it to Student Services by **September 19th 2011 in a named envelope.**

PARTICIPANTS NAME: _____ FORM: _____

ADDRESS: _____ POST CODE _____

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____

EMERGENCY CONTACTS

During this period the person(s) to contact in an emergency involving the participant is:

Name: _____ Name: _____

Address: _____ Address: _____

Tel: Day _____ Tel: Day _____

Evening _____ Evening: _____

Please provide two contacts if possible.

The school must be notified of any changes in this emergency contact information.

DECLARATION

I declare that all information on this form is true and that I have not withheld any relevant information.

I also understand that where activities are of a residential nature, involve late return to the base or involve adventurous activities for which I give permission for the above named person to partake in.

I also give permission for the attending staff to act in loco parentis (i.e. as a good and reasonable parent) when supervising my child on this trip.

Signed: _____ Parent/Carer

Please print name _____ Date: _____



SALE GRAMMAR SCHOOL MEDICAL/DIETARY REQUIREMENTS

MEDICAL INFORMATION

The information provided on this form will be treated as CONFIDENTIAL and is only required in order to enable our staff to give appropriate medical help and support if required.

Please answer all questions.

HAVE YOU EVER HAD	YES/NO	IMPORTANT: if you answer 'yes' give details, including any medication, below (use another sheet if necessary)
1) Heart trouble?		
2) Asthma, bronchitis or tuberculosis?		
3) Diabetes?		
4) Epilepsy, fainting attacks, migraine, severe head injury?		
5) Hayfever or other allergy?(e.g. to medicine, insect bites or food)		
6) History of fractures or other allergy?		
7) A tetanus injection? If so, state date of most recent.		
8) Are you taking any medication? If so, please give details, state dosage and ensure you bring enough.		
9) Do you have, or suffer from any other medical or physical condition?		
10) Please give details of any special dietary requirements:		
11) Please indicate if you give permission for your child to swim?		YES/NO

I confirm that the information above is accurate and will inform the school of any changes.

In the event of an emergency I hereby give my permission for the school to obtain any medical treatment, as considered necessary by the medical authorities present, that may be required during the period of the activity.

Signed: _____ Parent / Carer

Doctors Name: _____ Tel No: _____

Surgery Post Code: _____