



ELLESMERE PORT CATHOLIC HIGH SCHOOL

'I have come so that they may have life and have it to the full' John 10.10

March 2019

Year 9 – GCSE Geography Fieldtrip to Betws-y-Coed Wednesday 12th June 2019

Dear Parents/Guardians,

The Geography Department is pleased to announce a Year 9 GCSE one-day fieldtrip to Betws-y-Coed on Wednesday 12th June 2019. This trip will allow Year 9 GCSE Geography students to undertake essential data collection around the town so that they can complete their fieldwork project in the subject, which will be examined in year 11 and is worth 37.5% of their overall grade.

It is vital that all Year 9 Geographers attend so that full and detailed data collection can take place which will allow the very best of GCSE grades to be achieved.

Students will travel by coach to Betws-y-Coed leaving school at approximately 8.15am. They will return to school at approximately 5.00pm. Please ensure that you are available to collect your son/daughter at this time.

Students should bring a packed lunch. If your child is entitled to free school meals and you would like the school to provide a packed lunch, please indicate on the permission slip below. Students will not be expected to wear uniform and should be equipped with the items below.

To meet the cost of the trip it is necessary to ask parents to make a contribution of **£15.00**. This can be paid online via your Scopay account if you have this set up for Lunch & Trip payments. If you haven't got this set up yet but would like to, please ask to speak to Miss Moore in Finance who can provide you with the details to do this. Cheques should be made payable to Ellesmere Port Catholic High School with your child's name and form on the back. These should be placed in the **White Box in Student Services** by **Friday 24th May**.

Clothing & Equipment

Students should wear warm, comfortable layers of clothing, if it is raining; it is not advisable to wear jeans.

Waterproof jacket.

Sunscreen & Insect Repellent

Medication (*travel sickness medication if necessary – to be taken at an appropriate time before the journey*).

It is essential that students are properly equipped for the trip. We reserve the right not to take anyone who is not suitably attired.

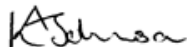
Capenhurst Lane, Whitby, Ellesmere Port, Cheshire, CH65 7AQ
Tel: 0151 355 2373 Attendance Line: 0151 513 4453 Fax: 0151 355 7543
Email: admin@email.epchs.co.uk www.epchs.co.uk
Headteacher: Mrs C. Vile B.Ed. Hons



Attached is a trip Medical Information/Emergency Contacts details form, please return this along with payment and the reply slip (below) otherwise your son/daughter won't be able to attend.

We understand that circumstances change. Therefore, it is important that you inform the school in writing of any changes so your son/daughters personal record can be updated prior to the trip.

Yours sincerely



Miss K Johnson
Curriculum Leader - Geography

✂ -----
EPCHS Reply Slip

**Year 9 – GCSE Geography Fieldtrip to Betws-y-Coed
Wednesday 12th June 2019**

Student Name: ----- Form: -----

- I give permission for my son/daughter to attend the above visit to Betws-y-Coed.
- My son/daughter is entitled to a Free School Meal. Please provide a packed lunch on the day.
- I enclose £15.00 for my son/daughter to visit Betws-y-Coed.

Signed: ----- Date: -----
(Parent/Guardian)

Please return to The White Box in Student Services - FAO Mrs L Sykes

Capenhurst Lane, Whitby, Ellesmere Port, Cheshire, CH65 7AQ
Tel: 0151 355 2373 Attendance Line: 0151 513 4453 Fax: 0151 355 7543
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ELLESMERE PORT CATHOLIC HIGH SCHOOL – EDUCATIONAL VISITS

**PARENT/GUARDIAN PERMISSION, STUDENT MEDICAL INFORMATION AND
EMERGENCY CONTACT NUMBERS**

(PLEASE RETURN TO THE WHITE BOX IN STUDENT SERVICES)

Visit to: Betws-y-Coed

On: Wednesday 12 June 2019

Student Name:

Form: **D.O.B:**

I acknowledge the need for..... to behave responsibly throughout the visit.

- My child is entitled to free school meals; please provide my child with a packed lunch (if applicable).
- I agree to my child being photographed / filmed during this educational visit and I understand that they may appear on the school’s website or local press.

Medical information about your child

a. Any conditions requiring medical treatment, including medication?

YES / NO

If **YES**, please give brief details:

.....

b. Please outline any food or other allergies and special dietary requirements of your child.

.....

c. Any recent or past illness or accident staff should be aware of?

.....

d. The type of pain relief medication your child may be given if necessary (please note the school will only provide 1 paracetamol for your child; if they require additional/alternative medication it must be handed in to the school before the trip with a signed letter explaining dosage and timing of the medication):

.....

e. If your child suffers with Asthma and displays symptoms of Asthma but does not have their own inhaler with them, please state if you give permission for your child to receive salbutamol from an emergency inhaler held by the school.

.....

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that the school is covered by insurance. If I wish to view the extent and limitations of the cover provided, I will contact the school. I agree to inform the school of any changes in circumstances relating to the information on this form at my earliest convenience.

Signed: **Date:**
(Parent/Guardian)

Full name (block capitals):

Emergency Contact telephone number:

Work: **Home:**

Home address:
.....

Email address:

Alternative emergency contact:

Name:..... **Telephone number:**.....

Address:.....
.....

Name of family doctor: **Telephone number:**.....

Address:.....
.....

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT.**

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