



ELLESMERE PORT CATHOLIC HIGH SCHOOL

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

13th May 2019

Year 7 – Geography Fieldtrip to Chester Zoo Monday 24th June 2019

Dear Parents/Guardians,

The Geography Department is pleased to announce the Year 7 one-day fieldtrip to Chester Zoo on Monday 24th June 2019. This trip will allow Year 7 Geography students to undertake data collection and gain valuable teaching on world ecosystems crossing both Science and Geography subjects so that they can put into practice the skills that have learnt in lessons over their 1st year at Ellesmere Port Catholic High School.

It is vital that all Year 7 Geographers attend so that full and detailed data collection can take place which will allow the very best of grades to be achieved by students in the tests. Information booklets will be completed throughout the day by the students to assist them completing their Tropical Rainforests project in school and achieve the best grade they possibly can in the subject.

Students will travel by coach to Chester Zoo leaving school at approximately 9:30am. They will return to school at approximately 3:30pm. Please ensure that you are available to collect your son/daughter at this time.

Students should bring with them a pack 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 school uniform, but should be equipped with the items below as they will be getting into the river and therefore getting wet and muddy.

To meet the cost of the trip it is necessary to ask parents to make a contribution of **£21.00**. This can be made payable 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 no later than Friday 10th June**.

Clothing & Equipment

Pupils 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 if necessary – to be taken at an appropriate time before the journey).

A Pen and pencil will be required to complete the Information booklet and classroom activities.

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





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Health & Safety

- Any cuts/grazes should be reported immediately to a member of staff.
- Wash your hands prior to eating any food.
- Do not touch any equipment unless permitted to do so.
- Do not climb walls or the animal enclosures.
- Approach the animals quietly and gently.
- Do not chase, frighten or torment the animals.
- Follow staff instructions.
- Be respectful of your surroundings and general public.

It is essential that students are properly equipped for the trip and follow the advice given by members of staff (i.e. to wear coats / jumpers etc). We reserve the right not to take students on the trip, or remove them from certain activities if they are not suitable attired or following instructions given for their safety.

Attached is a Medical Information/Emergency Contacts details form, please return this along with payment and the reply slip 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.

Please return the forms below to the White Box in Student Services, FAO Mrs L Sykes no later than Monday 10 June.

Yours sincerely,

Miss K. Johnson

Curriculum Leader – Geography

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EPCHS Reply slip

**Year 7 – Geography Fieldtrip to Chester Zoo
Monday 24th June 2019**

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

- I give permission for my son/daughter to attend the above visit to Chester Zoo.
- My son/daughter is entitled to a Free School Meal. Please provide a packed lunch on the day.
- I enclose £21 / have paid online for my son/daughter to visit Chester Zoo.

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

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

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ELLESMERE PORT CATHOLIC HIGH SCHOOL – EDUCATIONAL VISITS PARENT/GUARDIAN PERMISSION, PUPIL MEDICAL INFORMATION AND EMERGENCY CONTACT NUMBERS

(PLEASE RETURN TO THE WHITE BOX IN STUDENT SERVICES)

Visit to: Chester Zoo

On: .. Monday 24 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):

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- 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.

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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 (capitals):

Emergency Contact telephone number:

Work: **Home:**

Home address:

Email address:

Alternative emergency contact:

Name: **Telephone:**

Address:

Name of family doctor: **Telephone:**

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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