

24<sup>th</sup> May 2017

CBR/JHW/V112

Dear Parent/Carer

Your daughter/son has been invited to attend an educational visit to Whitstable on Friday 7th July for Y12 Fine Art/Graphics and Photography students.

The total cost of the trip will be £8.15 for train fare from Dartford to Whitstable.

We will meet at Dartford station at 9.00a.m. and return to Dartford Station at 4p.m. where students will be dismissed unless otherwise stated on the permission slip attached.

Students are advised to bring drinks and lunch with them on the trip as there will not be an opportunity to buy food/drink whilst there.

Payment must be made on ParentPay by **Wednesday 21st June** to ensure your child's place on the trip. If you do not have a ParentPay account please contact Mel O'Connor on 01322 620503 or via email [melinda.oconnor@leighacademy.org.uk](mailto:melinda.oconnor@leighacademy.org.uk). Cash and cheques are no longer accepted at the Academy.

Please complete the attached reply-slips, and return to the art teacher once payment has been made.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Christine Britton', written in a cursive style.

Christine Britton  
Art Teacher

**THE LEIGH ACADEMY**

**Please complete and return this reply slip to your Art teacher.**

I/We give permission for my/our daughter/son to attend the **Whitstable art trip** I/We have made a full payment of **£ 8.15 via ParentPay.**

I/We agree to my/our daughter/son 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.

Name of Student: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Carer*

**Visit to Whitstable Y12 FA/GR/PH art trip on Friday 7th July 2017.**

Please tick **ONE** of the appropriate statements below.

- I/We give permission for my/our daughter/son to be dismissed at Dartford station, on the return visit to school.

**OR**

- My/our daughter/son will be returning to school, at the end of the day.

**Emergency Contact Details:**

Student Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Any known medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Carer*