

29th September 2017

CBR/JHW/V23

Dear Parent/Carer

Your daughter/son has been invited to attend an educational visit to The National Galleries, Courtauld Gallery and Tate Modern for Post 16 Y12/13 on Monday 18th December.

The total cost of the trip will be £3.50 for train fare from Dartford to London. Admission to all the Galleries is free.

We will meet at Dartford train station at 9:00a.m. We will return to Dartford Station at 4:40pm. 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.

Payment must be made on by reception by Monday 4th December to ensure your child's place on the trip.

Please complete the attached reply-slips and return to the Art Teacher once payment has been made via cash at reception.

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

I/We give permission for my/our daughter/son to attend the The National Galleries, Courtauld Gallery and Tate Modern for Post 16 Y12/13 on Monday 18th December.

I/We have made a full payment of £3.50 in cash via Reception.

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

THE LEIGH ACADEMY

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

Visit to: The National Galleries, Courtauld Gallery and Tate Modern for Post 16 Y12/13 Art/Pho/Gra on Monday 18th December.

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