

29<sup>th</sup> September 2017

CBR/JHW/V24

Dear Parent/Carer

Your daughter/son has been invited to attend an educational visit to The National Gallery and National Portrait Gallery for Y10 Art and Photography on Tuesday 12th December. The total cost of the trip will be £3.50 for train fare from Dartford to London. Admission to the Galleries is free.

We will depart from the Academy at the normal time of 8:30a.m. and walk to Dartford station. We will return to Dartford Station at 4:00p.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.

Payment must be made at reception by Thursday 23rd November 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 Y10 trip to The National Gallery and National Portrait Gallery 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: Y10 trip to The National Gallery and National Portrait Gallery on Tuesday 12th 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*