

12 November 2019

Dear Parent/Carer

**Re: Year 9 Visit to the First World War Battlefields Friday 12 and Saturday 13 June 2020**

Arrangements have been made for a combined history and French visit to the Somme area of France. Students attending the trip will gain invaluable knowledge for their extension study in paper 1 – Medicine through time and the British sector of the Western Front; whilst on the trip, students will develop their knowledge by visiting: Notre Dame de Lorette, Sunken Lane and Thiepval Memorial to the Missing to name a few locations.

The cost of the trip will be £210 to cover all travel, meals (although subject to change, this is usually chicken and chips followed by ice-cream) and entrance fees plus the services of experienced Battlefields guides for the whole trip. There will be an evening meeting at school closer to the date of the visit to explain to you in more detail the arrangements for the trip.

This is a very interesting and worthwhile visit that has been based on the Edexcel endorsed trip (the GCSE history exam board); it will benefit the students in both their knowledge of history and French and in their understanding of the world. They will require a valid passport in their own name to participate in the visit (with 6 months left on your passport after our return, for further information visit: [https://www.gov.uk/guidance/passport-rules-for-travel-to-europe-after-brexite?\\_ga=2.72113425.307997870.1573554050-1241669045.1558019971](https://www.gov.uk/guidance/passport-rules-for-travel-to-europe-after-brexite?_ga=2.72113425.307997870.1573554050-1241669045.1558019971)) and a current EU healthcare entitlement (EHIC) card (you might also want to purchase travel insurance for your child for the duration of the trip).

To give consent for your son or daughter to participate in this visit, please complete the attached reply slip and medical form and return to Mrs Grimbly, Finance Assistant, together with a **non-refundable deposit of £80.00** in a named envelope, to secure a place on the visit by **Friday 22 November 2019**.

Spaces are limited so they will be allocated on a first come, first served basis.

Yours faithfully



Miss N Hawkey  
**Party Leader**

**REPLY SLIP – PLEASE HAND TO MRS GRIMBLY, FINANCE ASSISTANT, IN A NAMED ENVELOPE BY 22/11/19**

**Re: Year 9 Visit to the First World War Battlefields Friday 12 and Saturday 13 June 2020**

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

**Please tick the relevant box**

I would like my child to take part in the residential trip to Northern France and:

- I enclose £65 and would like to use my £15 cultural voucher for the non-refundable deposit, and then wish to pay the remaining £130 by Friday 20 March 2020
- I enclose a non-refundable £80 deposit and wish to pay the remaining £130 by Friday 20 March 2020
- I enclose the full amount of £210 \*cash/cheque (made payable to Knole Academy)

**Passport information (please write in clearly in CAPITAL LETTERS):**

Name (as it appears on the passport): .....

Passport nationality: .....

Passport number: .....

Passport expiry date (DD/MM/YYYY): .....

EHIC card number: .....

Expiry date: .....

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Parent/Guardian



**MEDICAL FORM FOR ACADEMY JOURNEYS**

Please complete this form accurately in the interests of your child’s safety. The information it contains will be treated in confidence.

Name .....

Tutor Group..... Date of Travel .....

Destination .....

Duration of Visit .....

Home Address .....

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Home Phone Number .....

Mobile Phone Number .....

Alternative emergency contact number .....

Family Doctor’s name, address and phone number.....

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Child’s date of birth .....

Child’s Passport number .....

Passport valid until ..... (DD/MM/YYYY)

**Medical History**

Does your child have problems with any of the following:-

General health	YES/NO	Fits/fainting attacks	YES/NO
Asthma	YES/NO	Heart Condition	YES/NO
Migraine	YES/NO	Diabetes	YES/NO

Allergic reactions to known drugs or food and drink YES/NO

If you have answered yes to any of the above, please give details below

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Please give details of medication which your child takes regularly

.....  
.....

Does your child follow a special diet (eg vegetarian)

.....

Please give any other information which you think would be helpful for staff to know

.....  
.....

Are you aware of any reason why your child might not be fit to travel?

YES / NO

If Yes please give details

.....  
.....

**Parental consent for urgent medical treatment**

I hereby authorise the person in charge to give consent on my behalf for any urgent medical treatment, including general anaesthetic, should the need arise while on this Academy trip.

Signed: .....

Name: .....

Relationship to student: .....

Date: .....