

November 2018

Dear Parent,

Your child's activities have been written in their planner. This year we have again arranged activities for approximately 620 pupils.

Our preferred method of payment is **ParentPay**. If paying by cheque or cash please take to the **Finance Office** in school, **using the activities payment form**, which is available from the Finance Office or the school website. Cheques should be made payable to Uffculme School.

A deposit is required for **ALL RESIDENTIALS: Beach Camp - £100; Cycling in Normandy - £100; London Theatre - £100; and Water Sports - £100**. This deposit is **NON-REFUNDABLE** and **NON-TRANSFERRABLE** and must be paid by **2.30pm on Monday 26<sup>th</sup> November 2018**.

***If a deposit is not received by this date your child's place on the visit will be withdrawn.***

The deadline for full payment for all activities is **2.30pm on Friday 26<sup>th</sup> April 2019**. Please can you make these payments by the due date as it is extremely time-consuming for us to chase up late payments. Your co-operation will be greatly appreciated. As stated in the previous letter, payments do not have to be made all in one go: they can be made daily, weekly or monthly thus enabling you to budget and make full payment by the closing date and time.

It may be possible to apply for financial assistance from the **Uffculme School Trust**. Application forms can be obtained from the Finance Office and must be returned to the Finance Office by **Friday 7<sup>th</sup> December 2018**.

The enclosed Parental Consent Form for residential and day activities will cover participation in all activities and must be returned to **your child's tutor** as soon as possible. **We need this consent form at this stage for planning risk assessments and staffing for each visit.**

It will not be possible to change activities except in exceptional circumstances.

Thank you for your co-operation.

Yours faithfully,



**John M Roberts**

**UFFCULME SCHOOL**

**PARENTAL CONSENT FORM – ACTIVITIES WEEK 2019**

Pupil Name \_\_\_\_\_

Tutor Group \_\_\_\_\_

Dear Parent/Guardian,

Please complete and return this form. It relates to the forthcoming educational visits and activity days. The form gives your consent for your child to take part in the chosen activities.

**Special details:**

Any relevant information concerning your child's health or diet requiring special attention, but which does not prevent him/her taking part, should be noted below, e.g. diabetes or asthma.

I would like my son/daughter to take part in their chosen trips/visits for Activities Week 2019 and having read the information provided, agree to him/her taking part in any or all of the activities described.

I consent to any emergency medical treatment required by my child during the course of the visit.

I confirm that my child is in good health and I consider him/her fit to participate.

Relevant medical information/dietary requirements:-

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Swimming ability: \_\_\_\_\_

**Parent/Guardian:**

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_