



Headteacher: Mrs L Ayling BA (Hons) NPQH

March 2018

Dear Parents/Carers

Change of date: Trip to Stockley Farm, Arley, Cheshire
Friday 18 May 2018

I am writing to advise you that the trip, originally organised for Friday 27 April, will now be taking place on **Friday 18 May 2018**.

Transport arrangements and travel times are as previous; students will be leaving school at approximately **9.20am** and returning at approximately **3.00pm**. Own clothes can be worn but due to the outdoor activities sensible flat footwear, and warm waterproof clothing is required. Please bring a packed lunch.

Please complete the attached reply slip and return to school by **Friday 20 April 2018**. I look forward to what promises to be a really interesting and enriching experience for the students.

Yours faithfully



Mrs M English
Teacher of food Preparation and Nutrition

REPLY SLIP – Change of date: STOCKLEY FARM TRIP Friday May 2018

Payment in full of £13.00 required by Thursday 29 March 2018

I agree to my daughter _____ of Form _____ taking part in the above mentioned visit and having read the information sheet, agree for her participation to any of the activities described. I acknowledge the need for obedience and responsible behaviour on her part.

I understand that the teacher in charge of the party will be acting in loco parentis and in the event of an accident I agree to my daughter receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

I understand that Prenton High School for Girls is insured in respect of its legal liabilities only and that there is no Personal Accident, or other cover, unless I have been advised specifically by the organiser.

Accidents may therefore arise for which the Prenton High School for Girls is not responsible. Parents/Carers may wish to obtain suitable insurance to cover such eventualities.

I enclose payment of **£13.00** (cash/cheque).

I have paid **£13.00** via ParentMail.

Parent/carer sign: _____ Print: _____

Email: _____ Date: _____

Contact Telephone No: _____

Contact Telephone No: _____

PLEASE ENSURE THAT YOUR DAUGHTER BRINGS WITH HER ANY RELEVANT MEDICAL INFORMATION AND A CONTACT NUMBER

By signing this letter, I am confirming that I have parental responsibility for the child named.