



**BECCLES
FREE SCHOOL**

"Providing a foundation for life"

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23 June 2017

Dear Parent / Carer

We are organising an educational visit for Year 7 to Framlingham Castle on Friday 30 June. This will be an interesting visit that will develop your son/daughter's knowledge and current projects in class on castles.

We will travel by bus leaving Beccles Free School at approximately 9am and returning by 2.30pm. School uniform must be worn and a waterproof coat is advisable in case of bad weather.

There is no cost for this trip however students are allowed some spending money if they wish. All students will be provided with a packed lunch from school which will be paid for in the normal way, Free School Meals allocations will still apply.

Please return the attached consent form by Thursday 29 June 2017. Should you have any other queries regarding this trip please do not hesitate to contact me via the school office.

Yours faithfully,

Mr N Cook
Teacher of History





SECKFORD FOUNDATION
FREE SCHOOLS TRUST

Educational Visit Consent Form

Name of Child: _____ **D.O.B.:** _____

Year: _____ **School:** Beccles Free School

Will undertake a visit to: Framlingham Castle

On: 30 June 2017

Please note no child can take part in a school trip unless the consent form is returned to the Trust. Verbal consent will not count.

Form of Consent

I wish my son / daughter to be allowed to take part in the school visit detailed above. I agree to him / her taking part in any or all of the activities described. I understand that, while the staff in charge of the party will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son / daughter arising, during or out of the visit.

Please complete the form on the back of this letter to make sure that we are aware of any medical conditions and if you wish to enclose a letter giving details of the complaint and its treatment please do so.

We will take some pictures of the visit for inclusion in our school newsletter. If you do not wish to have your child photographed please place a cross in this box.

I have ensured that my son / daughter understands that it is important for their safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed. I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my child arising, during or out of the trip.

Name and address of our doctor:

My child has no illness, allergy or physical disability * OR

the following illness, allergy or physical disability * (* please delete as applicable and include any dietary issues)

which necessitates the following medication or treatment:

I agree to my son / daughter 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. I confirm that I will notify the school of any changes to the above.

Signed: _____ (parent / carer)

Date: 2017

Please provide emergency contact telephone numbers:

Home _____

Work _____

Mobile _____

If not available at the above please state an alternative contact name and number:

Please return to the school office and if you have any queries please contact the trip leader: Mr Cook