



GE/lm

October 2018

Dear Parent/Carer

Re: Year 9 Trip to Battlefields

We would like to inform you of an opportunity for students to visit the Battlefields and war cemeteries around the Belgian town of Ypres.

We will be going on **Friday 1st February 2019** and will be visiting historic sites of Ypres including *Passchendaele Experience* Museum, Hill 62, Tyne Cot cemetery and The Menin Gate Memorial. The trip will leave the school by coach in the morning and return after the Last Post ceremony at the Menin Gate. Precise timings will be given nearer the date of the visit.

The cost of the trip will be £48 to include travel, insurance and entry to *The Passchendaele Experience* and *Hill 62* museums.

To secure your child's place on this trip we require a signed copy of permission slip below along with copies of their passport and European Health Insurance Card (EHIC) (or EHIC application reference number). Once these have been received, and your child's place has been confirmed, we shall request the payment of £48 within 7 days of notification. If no payment has been received within 7 days, the place on the trip may be offered to another student.

The school holds a current medical consent form on behalf of your child but if there have been any changes since September 2018, please would you indicate on the permission slip so that we can update our records accordingly.

Please note: Please think carefully before committing yourself to this activity, as a refund may not be possible if you withdraw before it takes place. Poor behaviour/low attendance are not tolerated at Willingdon Community School therefore, the school reserves the right to cancel a student's participation in a trip if behaviour /attendance does not reach our expected high standards.

Yours sincerely,

Mr G Ellwood
Head of History

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Reply Slip – Belgium Battlefield visit 2019 - return to Mr Ellwood

Student Name:..... Tutor Group:

I give permission for my son/daughter to go on the above trip **should they secure a place**

Passport/copy attached

EHIC copy/EHIC reference number attached

Signed Date:
(Parent/Carer)

Name Please PRINT