

12 December 2011

Dear Parents

### **GCSE Geography Isle of Wight Fieldtrip - Friday 23 March–Tuesday 27 March 2012**

It gives me great pleasure to send you the details for the annual geography fieldtrip. All Year 10 geography students are invited to attend a residential field course to collect all the data necessary for their GCSE Geography Controlled Assessment. This is a very important part of the course that cannot be missed. During the trip we will study river systems, coastal processes and management and the impact of tourism on an urban area.

The fieldtrip will be for five days. We will leave on Friday 23 March and return on Tuesday 27 March 2012. Times are yet to be confirmed. The cost of the trip will be £200. This will include: transport (including ferry), fieldwork equipment, accommodation, food at the centre, insurance, entrance to educational attractions and evening entertainment. The total cost of the trip is partly subsidised by the geography department's budget.

This fieldtrip involves a lot of hard work, both on the trip and back in school and at home, working on the Controlled Assessment. It is therefore very important that your son/daughter commits to this before agreeing to participate in the fieldtrip.

Payment for this trip may be made through the ParentPay system, and may be paid in two instalments. The first payment of £100 is due by Friday 6 January and the final payment of £100 must be received **by Friday 27 January**. To make your payment login to your son's/daughter's account on the ParentPay website ([www.parentpay.com](http://www.parentpay.com)) and under the Services menu select "Year 10 Geography Field Trip to Isle of Wight 2012" by ticking the box to the left of the item and then click on 'continue' and follow the payment instructions. You may use debit or credit cards to pay for this service. Should you have any problems using the ParentPay system please contact the school via [parentpay@claremont.surrey.sch.uk](mailto:parentpay@claremont.surrey.sch.uk), tel: 01372 473604 or the ParentPay helpline and your query will receive prompt attention.

I would be grateful if you could return the activity consent form and parent consent form by Friday 6 January so that I can proceed with bookings.

Yours sincerely

Miss R Hoyes  
Head of Geography



### Activities consent form

The following is a list of activities your son/daughter may take part in. Please can you tick and sign to say that you agree they may partake in each activity mentioned.

| Name of activity  | Yes | No |
|---|-----|----|
| Traveling to centre by bus  |     |    |
| Walking along beach and cliffs supervised by staff                  |     |    |
| Asking questionnaires in local towns in small groups no less than 3 |     |    |
| Shallow river wading accompanied by centre and school staff         |     |    |
| Playing football and other team sports/games                        |     |    |
| Climbing Wall *   |     |    |
| Sensory trail*  |     |    |
| Wall based abseiling*   |     |    |
| Zip wire*   |     |    |
| Giant Swing/Trapeze involving heights*                              |     |    |
| Ropes courses*  |     |    |
| Shopping in small groups of 3 or more                               |     |    |
| Mind initiative exercises*  |     |    |
| Swimming at centre's pool*  |     |    |

All of the above activities are optional but obviously the more your son/daughter is able to participate in the more rewarding the fieldtrip will be. Not all of the above activities marked with an \* may be offered as this will be decided by the centre when we arrive (due to weather and other school timetabling).

I agree to the above:

Signed \_\_\_\_\_

Students Name \_\_\_\_\_ Date \_\_\_\_\_



**CLAREMONT FAN COURT SCHOOL**  
**PARENTAL CONSENT FOR A DAY/RESIDENTIAL VISIT**

**STUDENT'S NAME:** \_\_\_\_\_

**TUTOR GROUP:** \_\_\_\_\_

**DETAILS OF VISIT TO:** Geography Fieldtrip to Isle of Wight

**Teacher(s) leading Trip:** Miss R Hoyes

**Date(s):** Friday 23 March-Tuesday 27 March 2012

**MEDICAL/DIETARY INFORMATION:**

Is there any condition requiring medical treatment/medication? Yes/No

If yes, please give details: \_\_\_\_\_

Please outline any dietary requirements: \_\_\_\_\_

I will inform the group leader immediately of any changed circumstance/s, which will have bearing on this visit.

**CONTACT TELEPHONE NUMBERS:**

Please circle: Mother/Father/Guardian \_\_\_\_\_ (name)

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

Alternative Emergency Contact: \_\_\_\_\_ (name)

Relationship: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Christian Science Practitioner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Every effort will be made to contact the parent, guardian, or alternative named contact, to inform you of any circumstances surrounding an emergency.

**DECLARATION:**

I agree to \_\_\_\_\_ (student's name),

\_\_\_\_\_ (tutor group) taking part in this visit and have read any accompanying information. I agree to his/her participation in the activities described. I further agree that by giving my consent to take part in these activities, I undertake to pay the school no later than the due date(s) specified and by the method specified in correspondence relating to these activities, in full and without any right of set-off.

I agree to my son/daughter receiving medication as instructed (above) and any emergency treatment as considered necessary by the medical authorities present.

I acknowledge the need for him/her to abide by the school rules at all times. I understand that the cost for rectification for any damage caused by my child through not abiding by the rules will be at my cost.

**Signed** (parent/guardian) \_\_\_\_\_

**Date:** \_\_\_\_\_