



PEMBROKE
A PRIORY ACADEMY

Dear Parents/Carers

French Centre Information Pack - Centre des Etoiles – 2017/18
23rd – 27th April 2018

I am delighted to inform you that Year 10 students have the opportunity to travel to the Centre des Etoiles in France for a residential visit. The Centre, which belongs to The Priory Federation of Academies Trust, gives each student the opportunity to enjoy a variety of experiences, as well as take part in Maths and English intervention delivered by subject specialists. In order to support this visit we are holding a **French Centre Preparation Evening** at the Academy on **Tuesday 6th February 2018**, starting at **6.00pm**. The evening is designed to give you further information about the visits.

The students will travel for a Monday to Friday visit. Departure will be from The Priory Pembroke Academy car park on Monday morning and return on Friday afternoon/evening. The cost of the visit is £220 which is inclusive of everything except a packed lunch for the Monday journey from the Academy. This is truly a wonderful experience where the students enjoy time away with their peers in a relaxed environment as well as benefit from some focused intervention. It really is an amazing opportunity and an experience that students enthuse about for a long time after the visit.

In order to help support with payments for the trip we have devised the following payment plan:

£20 deposit	Due by Friday 15 th December 2017
£50	Due by Friday 12 th January 2018
£50	Due by Friday 2 nd February 2018
£50	Due by Friday 2 nd March 2018
£50	Due by Friday 23 rd March 2018

Alternatively, Parents/carers also have the option to pay the remaining £200 by Friday 12th January if they wish. We would ask that for security purposes any payments by cheque are made payable to **The Priory Federation of Academies**, and should be enclosed in a sealed envelope with the student's name and Tutor Group on the reverse of the cheque. Bank transfer is available using the following details: Lloyds Bank, Account number 02113503, sort code 30-95-05. Please put your student's name as the reference. The Academy cannot be held responsible for any cash brought onto the premises by students unless a receipt is given. Please be aware that, with the exception of the deposit, any refunds given will be at the discretion of the Headteacher.

Please remember that the Academy reserves the right to withdraw any student from the visit if we feel that they have not conducted themselves in an appropriate manner between now and the date of the visit.

All the details related to the visit including essential forms for data collection are included in this pack and can also be found on our website. The itinerary and kit list for the visit will be available on Tuesday 6th February 2018. To assist with your organisation a checklist has been included within this pack which is yours to keep for reference.

Headteacher: Mr S Evans

The Priory Pembroke Academy, Croft Lane, Cherry Willingham, Lincoln LN3 4JP

Tel: 01522 751040 **Email:** generalenquiries@priorypembroke.co.uk **www.priorypembroke.co.uk**

The Priory Pembroke Academy is part of The Priory Federation of Academies Trust. For further information please contact
The Priory Federation of Academies Trust, Cross O' Cliff Hill, Lincoln LN5 8PW Telephone: 01522 889977
Registered Company No. 6462935 DfE Registration No. 145052



Passport information and action needed

All students will need to have a valid passport to take part in this visit. Please fill out the passport details on the Travel Confirmation Form. If you have any questions about this then please do not hesitate to contact Mrs McDade at the Academy.

We also ask that each child who travels has a European Health Insurance Card (EHIC). If your child does not currently have an EHIC they can be obtained (very quickly) at no cost via the website: www.ehic.org.uk (7 days) or by telephone **0845 606 2030** (10 days).

If you would like your child to take part in this visit then please complete the attached **travel confirmation form, In Loco Parentis and consent form** and return to Mrs C McDade in Student Reception by Tuesday 6th February 2018. If you are attending the French Centre Information Evening then you can bring the paperwork with you to hand in.

I look forward to seeing you all on the 6th February at the Academy.

Yours faithfully

A handwritten signature in black ink, appearing to be 'S Evans', written in a cursive style.

Mr S Evans
Headteacher

Visit Information – Centre Des Etoiles 2018

Document checklist

Task/Document:	Return by:	✓
Travel Confirmation Form	06/02/2018	
Consent Form	06/02/2018	
In Loco Parentis	06/02/2018	
Payment	23/03/2018	
Hand passport into Student Reception	29/03/2018	
Hand EHIC Card into Student Reception	29/03/2018	

Please return all documents marked for the attention of: Mrs C McDade



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Educational Visits
Parents/Carers consent form
2017-18

Student name:		Tutor group:	
Visit details:	Visit to the Centre des Etoiles (Normandy)		
Date of visit (or departure date):	23 rd April 2018 – 27 th April 2018		
Passport number:			
EHIC number:		EHIC expiry date:	

Please sign below if you agree to the following information. If there is any aspect which you do not consent to then please draw a line through the information and write your initials next to it.

- I agree to my child (named above) taking part in this visit. Having received the information given, I agree to their participation in all of the activities.
- My child is fully aware of their responsibilities and the need to behave in an appropriate manner at all times.
- I am aware that I will be responsible for payment of any damage caused by my child.
- I understand that if my child behaves in an unacceptable manner I may be asked to finance their early return.
- I will only allow my child to travel if fully fit.

Emergency medical consent

I agree to my child receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In the event of an accident where emergency procedures are not required, it may be necessary to transport a student to a medical centre or hospital.

In these circumstances I give permission for my child to be transported with a member of the Academy staff.

I understand the extent and limitation of the insurance cover provided and understand that I am able to take out further additional cover for my child at my own expense.

Unsupervised time

On certain educational visits students may be given time to explore in small unsupervised groups (never alone). The group leader will set clear guidelines and expectations if this occurs, including return times and where students are permitted to go. Students will always be given the option to remain with members of staff.

I give permission for my child to be unsupervised whilst on this visit.

Parent/carers signature:		Date:	
Name:			



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Centre des Etoiles Visit
2017-18

Travel Confirmation Form

Student name:		Tutor group:	
Date of birth:			
Visit details:	Visit to the Centre des Etoiles (Normandy)		

Please complete the relevant section below (only complete one section):

- 1. I wish for my child to take part in the visit to the Centre des Etoiles and they will be travelling on their own passport.**

Parent/carer signature:		Date:	
Name:			
Passport number:			
Country of origin (passport):			
Child's nationality:			
EHIC number:		EHIC expiry date:	

- 2. I do not wish for my child to take part in the visit to the Centres des Etoiles.**

Parent/carer signature:		Date:	
Name:			

Please return this form to Mrs C McDade by Tuesday 6th February 2018.

IN LOCO PARENTIS 2017/18

Visit Title / Date:

To be filled in and signed by a parent or guardian. Please include all information that the group leader should be aware of. Any information of a sensitive nature will be treated as confidential. (Please use the back of the form to give additional information)

Student's name

First Name	Surname

Tutor Group and Date of Birth

	/ /
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Address

House Name / Street

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Town

--

County / Postcode

--

Home Telephone Number

	Please write XD if ex-directory
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Emergency contact details / mobile telephone numbers.

	Number and name of contact/relationship	Address
1		
2		
3		

If your child has any condition requiring medical treatment, including medication please give details. Please also include if they have been in contact with any contagious or infectious diseases in the last 4 weeks, or have suffered from anything that might be contagious or infectious during that time?

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Please outline any special dietary requirements your child has, and the type of medication they may be given for pain/flu relief, if necessary:

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Is your child allergic to any medication, if yes, please specify?

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When did your child last have a tetanus injection?

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I will inform the Group Leader as soon as possible of any changes in my child's medical or other circumstances between now and the commencement of the journey.

Name and telephone number of family Doctor

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Address of Doctor

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IN LOCO PARENTIS

I hereby give permission for the staff accompanying the visit to act on my behalf, once all reasonable attempts to contact me, using the above contacts, have been made without success. I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I give permission for the student named above to take part in this visit and have read the information sheet provided and agree to their participation in the activities described. I understand that I am responsible for transport to and from the Academy and acknowledge the need for my child to behave responsibly.

I am aware that the academy has a detailed policy on the safe running of educational visits. I am also aware that the academy's educational visits are always well organised with particular attention paid to health and safety. I understand that there can be no absolute guarantee of safety, but appreciate that the academy leaders of the visit retain the same legal responsibility for pupils as they have in the academy and will do everything that is reasonably practicable to ensure the safety of everyone on the visit.

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Signed (parent/guardian)

Date / Name and relationship to child

/ / 20
