



CITY OF PETERBOROUGH ACADEMY

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 @CityofPeterAcad

Ref: DMI/TBL/ Priestgate Vaults and Cathedral Trip

19 September 2017

Dear Parent/Carer

RE: PRIESTGATE VAULTS AND CATHEDRAL TRIP – OCTOBER 2017

I am delighted to inform you of a Humanities trip that we are running at the City of Peterborough Academy. We firmly believe that we should offer our youngsters exciting learning experiences outside the classroom. Consequently, it is my intention to take Year 7 pupils to the Priestgate Vaults, Museum and Cathedral. Due to the number of pupils, there are two dates available for this trip, 9 and 16 October 2017.

This trip is an introduction to Humanities and will combine the learning from KS3 humanities schemes with the local community. The event will be split into two where pupils will experience the vaults and 'meeting' the people who lived in the museum since Tudor era. There will also be the opportunity to experience what it was like in the air raid shelter under the museum. It will also allow pupils to get up close to the Victorian Hospital to understand Medicine through Time. In addition to this, pupils will experience the history and impact of the Cathedral, the burial of Catherine of Aragon and the geography of the city.

We have booked places for 120 pupils, so will be offered on a first come, first serve basis. Pupils will be partaking in this trip during school hours so normal after school arrangements will still be applicable. Pupils will need to wear full school uniform and bring a packed lunch with them. If your child is entitled to a Free School Meal, this will be provided for them. The cost of the trip is £10 per pupil. Pupils will be informed closer to the event which day they have been allocated.

It is essential that we are informed of any medical conditions your child has. Please can you detail any information that you would like us to know on the attached Medical Form. If we do not receive any information, we will assume that there medical details we need to be aware of.

Please could I ask for you to detail an emergency contact number where, if needed, we can contact you throughout the day. Please can you provide this number, even if it is the same as we already hold on the school records.

The Principal reserves the right to remove any pupil from the trip who cannot uphold our high standards of dress and behaviour prior to the event taking place.

Please complete the attached slip and return it to the main reception at the Academy with your £10 non-refundable payment in a sealed envelope, clearly stating your child's name and 'Priestgate Vaults' which will need to be received by 29 September 2017.

Yours sincerely

Miss D Millard
Second in charge of Humanities



*The City of Peterborough Academy is one of the Greenwood Dale Foundation Trust
Group of Academies*

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Please return the following to main reception by Friday 29 September 2017.

- A non-refundable payment of £10 in a sealed envelope, clearly stating your child's name and 'Priestgate Vaults and Cathedral' trip
- Completed Medical Consent form

Pupil Name: _____ Form: _____

I give permission for my child to attend the Priestgate Vault Trip.

I have enclosed £10 non-refundable payment.

Parent/Carer signature: _____ Date: _____

**PARENTAL CONSENT FORM FOR OFFSITE ACTIVITY
NON-RESIDENTIAL**

Visit to:

Date and times:

I consent to: (full name)

taking part in this trip and have read the accompanying letter. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given.

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment?
Yes No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary?

Yes No

Is your son/daughter allergic to any medication? eg penicillin
Yes No

If yes please give details:

Please outline any dietary needs or food allergies:

I will inform the Group Leader, Head of Year or Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Please turn over.....



'Be Inspired'



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Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day: Evening: Mobile:

Address:

Alternative Emergency contact:

Name:

Relationship

Day: Evening: Mobile:

Address:

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I agree to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed: (Parent/Guardian)

Print Name: Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.

This form should be taken on the visit by the Group Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

1. The Approval Form
2. The Emergency Contact Form
3. The Risk Assessment Form
4. The Evaluation Form



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