

# PRINCE HENRY'S HIGH SCHOOL

An "Outstanding" Academy for Students aged 13-18  
Headteacher: Dr A A L Evans BSc(Hons), PhD



15<sup>th</sup> February 2017

Dear Parent(s)/Guardian(s),

The ICT Department are organising a trip for Year 10 iMedia Students to **Cotswold Wildlife Park** on **Tuesday 25<sup>th</sup> April 2017**. The cost will be **£18** per student. This is to enable students to experiment with photography. Pupils may bring their own camera or there are a small number which can be borrowed from the ICT Department.

We will be leaving Prince Henry's High School at **9.15am** and will be return by **3.30pm** for the school buses.

Pupils do not need to wear school uniform but should wear sensible clothing as the trip will involve lots of walking. They should bring money for lunch or bring a packed lunch.

If you would like your son/daughter to take part in this trip, please complete the consent form, the slip below and return with payment to Mrs Shephard who collects in the concourse between 8.45am and 9.05am Alternatively, payment can now be made on line using Parentpay. Please go to the school website [www.princehenrys.worcs.sch.uk](http://www.princehenrys.worcs.sch.uk) and click the link.

Yours sincerely,

**Miss H Berry**  
**Head of ICT Department**

HSB.CJ.Ltr.CotswoldWildlifepark-April2017

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To be return to Mrs Shephard who collects in the concourse between 8.45am and 9.05am.

**CODE: COTSWOLD**

Student: ..... Form: .....

I would like my son/daughter to take part in the trip to **Cotswold Wildlife Park** on **Tuesday 25<sup>th</sup> April 2017** and enclose payment of **£18**.

- Cash
- Cheque (Payable to Prince Henry's High School)
- Parentpay
- Payment on line 16-12-21 A/c 10062980 Ref: S/e, Surname and Reg

Signed: .....

*Parent/Guardian*

Date: .....

Victoria Avenue, Evesham, Worcestershire WR11 4QH

t: 01386 765588 • f: 01386 40760 • e: [enquiries@princehenrys.worcs.sch.uk](mailto:enquiries@princehenrys.worcs.sch.uk) • [www.princehenrys.worcs.sch.uk](http://www.princehenrys.worcs.sch.uk)

The Prince Henry's High School Academy Trust trading as Prince Henry's High School, registered as a company in England and Wales at the above address. Reg No 07512962

**Working in collaboration with Bredon Hill and St Egwin's Middle Schools**



## EDUCATIONAL VISITS – PARENTAL CONSENT FORM

Pupil's Name: ..... Form: .....

I agree that my son/daughter may take part in the educational visit organised by the school

**Tuesday 25<sup>th</sup> April 2017**

To take place on .....

**Cotswold Wildlife Park, Burford**

At .....

Signed ..... Date .....  
(Parent/Guardian)

1. Pupils are insured against personal accident through the School's Insurers. A detailed copy of the policy outlining benefits is available on request from the School Office.
2. The Governors accept no responsibility for accidents or injury to pupils, or for loss or damage of personal effects, unless the cause is the negligence of the school or any member of its staff.
3. Parents are advised, wherever possible, to give the school a telephone number at which they can be contacted in case of emergency, in particular when urgent medical treatment may be necessary. Parents who are willing to allow urgent medical or dental treatment to be given to their children when necessary should sign below.

### Emergency Contact Number for duration of visit (preferably two)

1st) Name of Contact .....Telephone No: .....

2nd) Name of Contact .....Telephone No: .....

I AGREE that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed ..... Date .....  
(Parent/Guardian)

If you have any medical information which you think the Party Leader should be aware of please give details.

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