



Congleton High School

Achieving Success Together

Congleton High School
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Headteacher: Mr J Barlow
BA (Educ) Hons, NPQH

March 2022

Dear Parent/Carer

Re: Art Trip to New York – November 2023

Following the success of the previous New York Art Trips, we are now organising a return visit during November 2023.

The trip is open to Art students in Year 9 – 11 and I attached a proposed itinerary for the visit.

The cost of the trip will be approximately £1611.00; the exact cost will be confirmed in January when flight costs are released. This will include all insurance, travel, accommodation (twin room), breakfast and evening meals, sightseeing tours, tube tickets and entrance fees to galleries. The only additional cost will be lunches and spending money. If your child is over 16 at the time of travel there will possibly be an additional flight charge, approximately £80.00.

If you would like to reserve a place for your child, please complete the Reply Slip below and return it, together with the deposit of £50.00, in an envelope marked with 'New York Art Trip' and your child's name and tutor group, to student reception no later than Monday 07 March 2022. Cheques should be made payable to Congleton High School. If you are experiencing financial difficulties, please contact myself or Mrs Triner in the finance office. Please note the deposit will only be refunded if we do not have the interest to go ahead with the trip. NB. We need a minimum of 30 people for the trip to proceed. We are hoping that students will participate in some fund raising activities to help finance their place on the trip.

Yours faithfully

H. Vale

Mrs H Vale
Curriculum Team Leader Art

Reply Slip – Return via student reception to Mrs Vale by Monday 07 March 2022

Art Trip to New York – November 2023

Student Name: ..... Tutor Group: .....

I would like my child to attend the Art Trip to New York in November 2020. I enclose deposit of £150.00.

Signed: ..... Dated: .....
Parent/Carer

**PARENT / GUARDIAN CONSENT  
FOR AN EDUCATIONAL VISIT**



This form should be distributed with an information sheet giving full details of the visit

Name of pupil.....Male /Female

Establishment/Group: .....

Visit to: **Art Trip to New York**

From: **9 November 2023** To: **14 November 2023**

**1. Permission (please tick)**

I have read the information sheet and I agree to my child's participation in this visit and in the activities described.

I acknowledge the need for my child to behave responsibly throughout the visit.

**2. Medical information about your child**

a) Does your child have any conditions requiring medical treatment, including medication?  
**YES / NO**

If yes, please give brief details:

.....  
b) Please outline any food or other allergies and special dietary requirements of your child:

.....  
c) Has your child had any recent illness or accident staff should be aware of?  
**YES / NO**

If yes, please give brief details

.....  
c) What type of pain/flu relief medication may your child be given if necessary?  
.....

**3. For residential visits and exchanges only**

d) Has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?  
**YES / NO**

If yes, please give brief details

.....  
e) Is your child allergic to any medication?  
**YES / NO**  
If yes, please specify

.....  
f) When did your son/daughter last have a tetanus injection?  
.....

#### 4. Emergency Contact Details

a) Name and relation to child:.....

Work Phone: ..... Home Phone: .....

Home address: .....

Email address: .....

b) Name and relation to child: .....

Work Phone.....Home Phone.....

Address: .....

Email address: .....

Name of family doctor..... Telephone number: .....

Address: .....

.....  
As part of the activities your son/daughter/ward are involved in photographs or video footage may be taken to be used in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way? **YES / NO**

#### Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed.....

Full name (please print clearly).....

Relation to child .....

**THIS FORM OR A COPY WILL BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT**