



LITTLE ILFORD SCHOOL

COURAGE • COMMITMENT • COMPASSION

Rectory Road, London, E12 6JB

Tel. 020 8478 8024 | info@littleilford.org | www.littleilford.newham.sch.uk

LinkedIn: Little Ilford School | Instagram: @littleilfordschool

Interim Headteacher:
Jennifer Evans

10/10/2026

Dear Parent/Guardian,

Firstly, thank you for your patience and understanding when we had to reschedule the **Walton-on-the-Naze trip**.

As mentioned last academic year, the trip has been rescheduled to **Monday, 5th October**. On the day of the trip, please ensure your child arrives at the **Front Office by 7:45am at the latest**.

As the trip is taking place in October and the weather can be varied, please ensure your child is dressed appropriately. The coast is likely to be windier at this time of year, so a light jacket is recommended. However, **please check the weather forecast for the week of the trip and use your judgement as to what would be most suitable for your child**.

Students must wear their PE tops and suitable full-length bottoms. They should also bring a hat, wear sunscreen, and bring additional sunscreen with them so that it can be reapplied throughout the day if needed.

Please ensure your child brings plenty of water and some snacks for the day. If your child has any allergies or requires medication, please ensure they have their medication with them, particularly if they have been prescribed an EpiPen.

We will carry out regular risk assessments throughout the trip, making any necessary adjustments to keep everyone safe and comfortable.

If you have any questions, please contact the school.

Kind regards,

Miss Mahfuza

Year 8	
Ismaeel Saleem	8.1
Aryaan Zaman	8.2

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Odera Wright	8.2
Yayaa Sam Sarr	8.2
Amelia Ahmed	8.3
Fatima Hamid	8.4
Keziah Steenson-Ahenkorah	8.4
Rayyan Khan	8.4
Yazdan Ahmed	8.4
Zayaan Miah	8.4
Logan Francis	8.5
Abhay Vishnu	8.6
Jacob Mayes	8.6
Jemmar Bennet	8.6
Maya Popa	8.7
Ayaan Butt	8.8
Gabriel Sfichi	8.8
Daniel Francis	8.9
Denzel Rabouine	8.9
Hannah Rucinski	8.10
Aisha Juwara Bajaha	8.11
Devara Sri Vishwanath Sanjay	8.11
Maria Ciutac	8.11
Baahir Asiq Mohamed	8.12
Daniel Hoyte	8.12
Dhyom Patel	8.12
Year 9	
Albab Rahman	9.1
Azaan Yousaf	9.2
Lilliana Hoi	9.2
Amaani Adam	9.3

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Wafi Hamza	9.11
Casian Chiran	9.12
Year 10	
Amaan Patel	10.1
Kavinaya Vinoth Kumar	10.1
Sahil Hassanzai	10.1
Maryam Nadeem	10.2
Ariyan Samy	10.3
Bashaar Mahdi	10.5
Ibrahim Ahmed	10.5
Eashan Samy	10.6
Nicole Gutarenko	10.9
Dominykas Bliumas	10.10
Khivi Lall	10.10
Dhruv Bhudia	10.11
Faris Suleman	10.11
Zara Khan	10.11
Adil Dhaly	10.12
Humaid Abdul-Rehman	10.12
Tanvi Panchal	10.12
Zain Yousuf	10.12

STATEMENT FOR PARENTS:

1. This note sets out for parents/carers the position regarding the insurance of pupils in relation to activities within the school and outside the school, whilst under the care of school staff.

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2. The Council arranges public liability insurance. This means that the Council is covered for any actions of negligence by their staff, which results in injury to pupils or loss of, or damage to, their property. In such circumstances of negligence by the Council, the parents of pupils may claim compensation for the injury that has been suffered and will receive an appropriate payment as assessed by the Insurers. This insurance covers all activities in, and out of, the school site whilst in the care of school staff.
3. The Council has arranged comprehensive insurance that will compensate for injuries or other loss, which may generally occur in the course of school activities where there is no negligence by the Council's staff. Parents may make additional arrangements for this insurance if they so wish.
4. The Council has arranged for emergency medical cover, which will compensate for any urgent medical attention needed.

GENERAL CONDITIONS:

BY SIGNING THE CONSENT FORM I:-

1. Understand that the school and the organisers will take all reasonable and proper precautions for the health, safety and welfare of my child and of his/her personal property. I also understand that the Council and the organisers will only be responsible for any injury or loss of personal property if this is caused by negligence.
2. Agree to inform the school of any relevant medical or other special circumstances affecting my child, before the visit takes place, including any treatment required during the course of the visit.
3. Understand that if my child should need emergency medical treatment, every effort will be made to contact me via the contact number given overleaf, before treatment is given.
4. Understand that it is my responsibility to inform the school of any circumstances, which may affect my child during this visit.



PARENTAL CONSENT FORM

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Name of student:

Tutor group:

I hereby agree to my son/daughter to take part in this educational visit. I have read and accepted the statement for parents' and the general conditions set out in this letter.

Emergency telephone contact number

1

Emergency telephone contact number

2

Does your child have a medical condition/allergy:

Yes

No

If YES, please give details including medication:

Any other additional information:

Parent/Carer name:

Parent/Carer signature

Date:

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