

St Mary's Catholic High School, Leyland

Royal Avenue, Leyland, PR25 1BS

Headteacher: Mr P. Thompson

Telephone: 01772 421909

Email: head@ismchs.com

www.ismchs.com



1st September 2021

Year 7 Personal Development and Activity Visit to Rock and River

Dear Parent / Carer,

PROPOSED VISIT TO ROCK AND RIVER – 7N, T & M

It is proposed that the whole of year 7 will be undertaking an activity day on Friday, 24th September.

In the event of unforeseen circumstances, pupils will remain in school and follow their usual timetable.

The voluntary contribution for this visit will be £40 per pupil, payable in up to two instalments. Administration fees are £1 per pupil, return coach transport is priced at £4 per pupil and the three adventurous activities at Rock and River are £35.00 per pupil. Insurance is provided by Rock and River's public liability insurance. Lunch will not be provided and so pupils will need a filling packed lunch for the day. Pupils receiving free school meals can collect these from the canteen prior to departure.

In order to maintain the price for all pupils, payments are non-refundable. It is hoped that all pupils will attend.

The educational purpose of the proposed activities surrounds pupil's personal development; we intend the day to be fun and exciting whilst encouraging pupils to work beyond their comfort zone, accomplishing new challenges, problem solving, communicating, cooperating, showing resilience and developing their range of social skills, with other pupils and staff, thus strengthening relationships. We also hope the day will facilitate the development of team work, leadership, confidence and assessed risk taking. Pupils will be encouraged to show a willingness to participate in new and very different physical activities and celebrating each other's successes.

The group will be leaving school at 9am and will return at 3pm. The transport arrangements are return hire coach provided by Ava Coach.

Pupils are requested to wear and bring the items detailed on the reverse of this letter.

For emergencies during the visit please contact the school office on the following number: 01772 421909.

It is vital that you complete and return the medical form within the transition pack, to ensure we have all the information we need to be able to take your child off site on such a visit.

Please note that this visit is also covered by Lancashire County Council public liability insurance* but there is no personal accident insurance for your child. If you feel that this is necessary, you will need to make separate arrangements.

Copies of written Risk Assessments for the activities (including Plan B) are available on request from the school.

If you wish your child to take part in this visit, please complete the attached permission slip. The form and voluntary contribution. If insufficient voluntary contributions are made, then the activity will be cancelled.

Pupils eligible for Pupil Premium may contact the Visit Leader, Mrs Pilling, to request assistance with payment. All contributions and forms should be returned to school by deadline for reply slips. **Non receipt of the form and the voluntary contribution may mean that your child will not be able to participate on this Educational/Off Site Visit.**

Yours sincerely,



Mrs L. Pilling
Assistant Head Teacher

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REPLY SLIP FOR VISIT TO ROCK AND RIVER

(FAO: FORM TUTOR)

Child's Name Form

I give permission for my child to take part in the above visit and include the voluntary contribution of
£ _____

(Please ✓ as appropriate)

Full payment has been made via SCO pay at <https://www.scopay.com/login.html>

I shall pay in 2 instalments of £20.00 and £20.00 via the SCO pay system
Payment 1 – Monday 6th September, Payment 2 - Monday 20th September.

I enclose cash / cheque payment in full

You are reminded that the school has a code of conduct for the use of mobile phones and that you signed a 'Use of Mobile Devices Agreement'. Use of mobile devices on Educational Visits is prohibited and pupils will receive sanctions if they are seen with a mobile device. Upon request, this agreement can be sent to you in order that you are aware of the expectations.

Parent / Carer Signature

Printed Name: Date: