



Beamish Road, Billingham, TS23 3DX



enquiries@stmichaels.bhcet.org.uk



(01642) 870003



stmichaels.bhcet.org.uk



St Michael's
Catholic Academy



A Proud Member of
BISHOP HOGARTH
Catholic Education Trust

Head Teacher: Clare Humble

17 May 2024

Dear Parents and Carers,

Iceland Visit
20 – 24 October 2025

The geography department are organising a visit to take a group of students to Iceland in the next academic year. This is a fantastic opportunity for students to experience many of the geographical and cultural features of this amazing country.

Departing from St Michael's on 20 October and returning on 24 October, the visit lasts for 5 days. The cost of the trip is **£1,080**, and includes:

- Flights to and from Iceland from Liverpool
- 4 nights full board accommodation in Hveragerdi (including breakfast, packed lunch and evening meals)
- Travel insurance
- Visits to Thingvillir National Park and the mid-Atlantic ridge
- Visits to the Geysir Geothermal area
- Visits to the waterfalls of Gullfoss, Seljalandsfoss and Skogafoss
- Visit to the Secret Lagoon
- Glacier hike of Solheimajokull
- Visit to Dryholaey coastal features, Town of Vik, Reynisfjara Black Sand Beach
- Time to explore the capital Reykjavik including visiting Hallgrimskirkja

This is a unique opportunity for students to see attractions linked to topics they will study in Geography especially at GCSE level including coastal features, river features, tourism and plate tectonics.

If you would like your child to take advantage of this opportunity, please complete the attached indemnity form and return to Mrs Featherstone no later than Friday 24 May 2024. Following the return of the indemnity form a deposit of £200 must be paid through your My Child At School (MCAS) account by 14 June 2024. The remaining balance can be paid in instalments at the start of each month and must be fully paid by 1 July 2025.

If you have any queries, please do not hesitate to contact me at school.

Yours sincerely,

Mr J Tate
Year 10 Pastoral Learning Manager

Mrs L. Featherstone
Curriculum Lead - Geography

Act Justly, Love Tenderly and Walk Humbly with your God



Educational/Recreational Visits Parental Consent and Indemnity

Please complete this form as fully as possible. The completing of this form will not only consent the pupil stated below to attend and participate in activities as described in documentation from School, but also provide essential information in the event of an emergency. If you have any queries as to the nature of the activities or conduct of the visit, please do not hesitate to contact School.

Pupil Name _____

Home address _____

Postcode _____

Home Telephone No _____

Mobile No _____

e-mail address _____

Details of Visit	Iceland Visit
Date from	Date to
20 October 2025	24 October 2025

I hereby consent to the attendance of my son/daughter on the above visit when the person in charge will be appointed by St. Michael's Catholic Academy. I also agree to his/her participation in any or all of the activities involved. I acknowledge the need for obedience and responsible behaviour on his/her part.

Medical Information

- Does your son/daughter suffer from any conditions requiring medical treatment?
Please specify YES NO

If YES please give brief details and describe the medication, dosage and frequency required:

I further consent to the giving of any such urgent medical or surgical treatment, including anaesthetic to my son/daughter, as considered necessary by the medical authorities present as a result of an emergency during the education/recreational visit.

- Has your son daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or may become contagious or infectious?

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Please specify YES NO

If YES please give brief details:

- Is your son/daughter allergic to any medication?
Please specify YES NO

If YES please give brief details:

- Has your son/daughter received a tetanus injection in the last five years?
Please specify YES NO

If YES please give brief details:

- Please specify any dietary requirements for your son/daughter
-

Declaration

Please sign to acknowledge your agreement and consent. If you have any reservations or queries in connection with the educational/recreational visit please contact the group leader in charge.

In consideration of the person in charge of the visit agreeing to the inclusion of my son/daughter as a member of the visit, I hereby undertake to indemnify him/her and any other member of the visit against any reasonable expenses incurred on behalf of my son/daughter during the visit.

With reference to insurance cover my son/daughter will be covered for personal accident and loss, damage and theft of personal belongings through the school journey insurance taken out by School*.

SignedParent/Carer

Date.....

**subject to limits and policy excess*

**Please return the completed form to
Mrs. Featherstone by Friday 24 May 2024**

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