Ref: MH/\*SO/TY

17 January 2018

Dear Parent/Carer

## Y12 Residential Field Study Course to Blencathra FSC – Lake District National Park

The A-Level Geography course requires students to undertake a detailed fieldwork investigation which contributes towards 20% of the overall A-Level grade. Students are expected to complete an independent study in an area of Geography covered in the A-Level specification.

The course also states that students must undertake a minimum of 4 days compulsory fieldwork. Without this requirement, students may not be able to be entered for the examinations next summer. This is outlined in the course specification.

In order to meet this requirement, the Geography department has planned a 5-day residential visit to Blencathra Field Study Centre, in the Lake District. The residential field study course is designed to equip students with the skills required to undertake this requirement. Students will collect data relating to their study and use this for the basis of their geographical investigation.

The 5-day course will take place between **Monday 16 July and Friday 20 July 2018**. The journey will be via coach and we will leave school on the Monday morning at 8:45a.m. The proposed time of return is 5:30p.m. on the Friday. Further details about the visit will be available nearer the time and there will also be an information meeting for parents/carers.

As the field study visit in an essential part of the A-Level course it is considerably subsidised by school. Students will only be required to contribute £186 towards the cost of travel, accommodation, tuition, food and insurance. There is the opportunity for payments to be made in instalments as indicated below:

Deposit	£50	Due by Friday 2 February
2 <sup>nd</sup> Payment	£100	Due by Friday 20 April
3 <sup>rd</sup> Payment	£36	Due by Friday 25 May

If you would like your son/daughter to take part in this visit please give your consent and make payment online using the ParentPay facility. If you have any difficulties accessing your ParentPay account, or need a reminder of your User ID and password please contact Mrs Orr in the Finance Office on 01709 760222 option 2.

Please note that payment of deposit and giving consent does not automatically guarantee acceptance on the visit. This is dependent on student behaviour, attendance and motivation. Final confirmation will be sent to parents/carers following the payment deadline. Unsuccessful applications will be refunded.

Please note: in the event of your son/daughter withdrawing from the visit, deposits will only be returned when any costs incurred by the school have been deducted. Refunds can only be given up to 28 days before the day of the visit. This is the policy of Blencathra FSC.

	as the attached medical information form and return them to the clearly labelled for the attention of Ms Ormondroyd.
If you have any questions about this, please de	o not hesitate to contact me at school.
Yours sincerely	
Mr P Murtagh-Burd <b>Subject Leader Geography</b>	
Y12 Blencathra FSC Residen	ntial Visit (Monday 16 – Friday 20 July 2018)
Student Name:	Tutor Group:
I give permission for my son/daughter to atter ParentPay.	nd the Y12 visit to Blencathra and have paid the deposit on
I will make arrangements for my son/daughte their return from the visit.	r to be collected from school on Friday 20 July 2018, upon
Name:	(Parent / Carer)
Signed:	(Parent / Carer)
Date:	

## PARENTAL CONSENT FOR AN EDUCATIONAL VISIT

(to be distributed with full details of the visit) School/Group: Wath Comprehensive School 1. Details of the visit to: From Time To Time ...... (name) taking part in this visit and have read and I agree to understand the information provided. Yes 🖵 I agree to my son/daughter's participation in the activities described. Yes 🗖 Please list here any activities which your child cannot participate in. I acknowledge the need for my son/daughter to behave responsibly. Yes 🗆 2. Swimming ability and water confidence (for activities in or near water) Please describe your child's swimming ability: ...... Is your child water confident with regard to the proposed activity? Yes 🗆 No 🗅 3. Medical information about your child a) Date of birth of your son/daughter: ....../....../....... b) Does your child suffer from any conditions which the visit leader needs to be aware of for example: medical conditions, illness, allergies, night-time tendencies (sleepwalking, bedwetting, nightmares), travel sickness etc? Yes 🗆 No 🗀 c) If yes, please provide details: d) Does your child take medication? e) If Yes, please give details, including how medication is administered, including details of medication, timing, dosage and any side effects the medication may have:

g) To the best of your knowledge, 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 contagious or infectious?

f) Please outline any special dietary requirements of your child:

Voc	Nο	
YPC	 NΩ	

h) 	If Yes, please give details:	
•	Is your son/daughter allergic to any medication? If Yes, please specify:	Yes 🗖 No 🗖
k)	When did your son/daughter last have a tetanus injection?	
I)	I will inform the Visit Leader/Head Teacher as soon as possible of any circumstances between now and the start of the visit.	y changes in medical or other Yes 🗖
m)	I agree to my son/daughter receiving medication as instructed and a or surgical treatment, including anesthetic or blood transfusion, as comedical authorities present.	
4. Co	ntact information	
I can b	e contacted using the following telephone numbers:	
	address Home Work	
Altern	ative emergency contact:	
Name	Relationship	
Mobile	e Home Work Work	
5. I c	onsent to my child taking part in this visit:	
Signed	Da	ate/
Full na	me (capitals)	

THIS FORM OR A COPY MUST BE TAKEN BY THE VISIT LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL.