



15<sup>th</sup> January 2018

Dear Parents/Carers

## EDUCATIONAL VISITS - SPRING TERM 2018 - YEAR TWO

### HOW ARE EDUCATIONAL VISITS PAID FOR?

Payment for Educational Visits is collected from parents/carers 3 times per year (once each term - Autumn, Spring & Summer). The money collected pays for educational visits and other enrichment activities that we could not fund from our delegated budget. You will find nearly every state school requests payment for Educational Visits.

### DO I HAVE TO PAY?

Although by law we cannot enforce payment, if not everyone pays for their child's/ren's Educational Visits, the planned activities will *have to be cancelled*.

**I am aware that sometimes it may be difficult to contribute for the whole term's activities in one go, particularly if you need to contribute for more than one child's. We are always happy to arrange payment in instalments to help with this. Please do not hesitate to contact a member of the office staff, to discuss any concerns you may have in complete confidence.**

The amounts collected will pay for the following for your child/ren for the 2017/18 Academic Year:

Y E A R - T W O

S P R I N G	T E R M	Book Week (inc visiting theatre) Hampton Court Educational Visit Tudors Workshop Pedals Cycle Training Celebrating Different Cultures week
----------------------------	------------------	--

During the speciality weeks, although the children do not normally go off site, we have various workshops/visitors coming into the school, for example we usually have a Mathemagician in Maths Week, an Author or Storyteller in Book Week, Scientists in Science Week, a Sculptor or Painter in Arts Week, amongst others.

All of these extra activities have been, in the past, and are still, enjoyed immensely by the children and make a positive contribution to their learning. The termly contribution covers ALL of the above trips/workshops/activities and offers very good financial and educational value. *Please note... it also covers the cost of coaches needed to transport children to any activity that occurs away from school premises.*

This contribution amount for the **SPRING TERM** is:

**£29.00**

With your support we can avoid having to cancel an event as we will know well in advance if we are able to cover the cost. Each trip, workshop or activity is very carefully costed and planned to ensure we only ask for sufficient money to cover the actual cost. The school **does not** make a profit and regrettably does not have any additional income to cover any shortfalls or non-payers.

The permission slip below will be cover all the Educational activities, workshops and off-site visits listed, as well as ensuring we have collected the payment needed to ensure each activity can go ahead.

There are, of course some notable exceptions that cannot be included, for instance Class Photographs and Fun Run sponsorship. A further exception would be if we were able to take advantage of a special offer at short notice as we have done in the past, e.g. visits from theatre companies offering productions relevant to the curriculum.

Yours sincerely

**Mrs S Taylor**  
Headteacher

To make a payment please use the online payment facility [www.scopay.com](http://www.scopay.com)  
**Please make your payment and return your permission slip as soon as possible.**

I give permission for my child to take part in all the activities, workshops or visits listed below. Where visits take place off-site (away from the school premises), I give permission for my child to take part.

**YEAR TWO  
 SPRING TERM 2018**

S P R I N G	T E R M A C T I V I T I E S : Book Week (inc visiting theatre) Hampton Court Educational Visit Tudors Workshop Pedals Cycle Training Celebrating Different Cultures week
----------------------------	---

<b>CHILD'S NAME:</b>	<b>CLASS:</b>
----------------------	---------------

	Please tick
To cover the cost for the <b>SPRING TERM 2018</b> , I have paid £29.00 online ( <a href="http://www.scopay.com">www.scopay.com</a> )	
My payment reference is : (please enter the payment reference for your online payment)	
I think I might have difficulty paying the above amount, and would like to discuss, in confidence, the option of paying in smaller instalments (please hand this slip in directly to the office) Phone Number:	

<b>Parent's Signature:</b>	<b>Date:</b>
----------------------------	--------------

If you have not already registered to use the online payment facility, please contact Mrs Connor in the school office to obtain registration details and the unique code for your child/children that you will need to complete registration.

**Please complete the medical information/consent form overleaf and return this form to your class.**



## Burhill Primary School

### Medical Consent Form for Off Site Activities/Trips (SPRING Term 2018)

I agree my child .....Class .....  
taking part in the visits outlined in the SPRING Term 2018 Termly Contributions Letter.  
I agree to participation in the activities described. I acknowledge the need for my child to behave responsibly.

#### 2. Medical information about your child

a. Any conditions requiring medical treatment, including medication? YES/NO  
If YES, please give brief details:.....

b. Do you give permission for the group leader to administer calpol for your child if they are suffering from headaches/tummy ache/ high temperature for the duration of the trip? YES/NO

c. Is your son/daughter allergic to any medication?  
YES/NO  
If YES, please specify:.....

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

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the activities.

#### 3. 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.

#### Contact Name and telephone numbers:

Name:..... Relationship to child:.....  
Home:..... Work:.....  
Home address:.....

#### Alternative emergency contact

Name:..... Telephone number:.....  
Name of family doctor: .....  
Telephone number:.....  
Address:.....  
Signed:..... Date:.....  
Full name (capitals):.....

**PLEASE COMPLETE THE PERMISSION SLIP OVERLEAF AND RETURN TO CLASS**