

12<sup>th</sup> February 2025

Dear Parent/Carer

**RE: Drayton Manor Reward Trip KS3 – Friday 27<sup>th</sup> June 2025**

Your child is invited to join us to celebrate their achievements this year at Drayton Manor.

We will leave school by coach at 9.30 am and be back around 5.00pm. To make this trip financially viable we are also asking for a contribution of £20 per pupil. We appreciate this may be a lot of money in one go so we have opened ParentPay so that you can pay in four £5 instalments. ParentPay will open on Wednesday 12<sup>th</sup> February at 3pm and the final payment will need to be paid by 2<sup>nd</sup> June 2025.

Due to the nature of the trip students will be required to wear comfortable clothes. In addition, they may need a coat or additional jumper and depending on the weather, sun cream may also be required.

We will be travelling by coach. If your child is entitled to a free school meal, they will be able to collect a packed lunch from the canteen before we leave. Please identify on the consent form if your child requires a packed lunch. If your child is not entitled to a free school meal, they must bring a **packed lunch** with them. In addition, it is advisable to bring sufficient drinks for the day. Pupils will be able to purchase food and drink from the venue. Please note, students will not be permitted to eat on the coach.

**Refunds**

Any request for refunds will be subject to an overall review of the affordability of this visit by the academy. This is because some visits require the school to pay non-refundable deposits for items such as tickets or coaches prior to the visit. If your child is unable to attend the trip at very short notice, then please be assured we will always do our best to find a student who can take their place, thus enabling us to afford refunds, but if we are unable to do this then we may be unable to offer refunds.

**Behaviour**

Places on the trip are limited and are subject to the exemplary behaviour of your child as an ambassador of Bournville. **Any breach in behaviour prior to the visit may result in your child being removed from the visit and the loss of any payments made for this trip. This includes any students who may be subject to exclusion from the academy.**

**Consent:**

Staff in charge of the party will take all reasonable care of the students, they cannot necessarily be held responsible for any loss, damage or injury suffered to students arising during, or out of, the school visit. **By returning the consent form for this trip you are agreeing to give permission for the staff in charge to act in *loco parentis* if medical treatment is required. Without the consent letter returned, your child will not be able to attend this event.**

If your child has any medical and/or dietary requirements, please ensure this is detailed on the consent form. Any child that requires medication, e.g. asthma inhaler / EpiPen, it is essential that they bring these on the day.

If you have any queries, please do not hesitate to contact the school on 0121 475 3881 or myself directly using; [p.lowe@bournville.fmat.co.uk](mailto:p.lowe@bournville.fmat.co.uk)

Yours faithfully,



**Mr P Lowe**  
**Head of Key Stage 4**

**Consent Form**

I give consent for (student name) .....to attend Drayton Manor on Friday 27<sup>th</sup> June 2025. I can also confirm:

- To the best of my knowledge, my child is medically fit to take part in the activities planned.
- I give my consent to any emergency treatment necessary during the visit. If not, please give details of reasons, and what we should do.

**Emergency contact 1. details for the day:**

Name.....

Contact number.....

Relationship to child.....

**Emergency contact 2. details for the day:**

Name.....

Contact number.....

Relationship to child.....

**Please tick how the student will be getting home at the end of the day (approx. 5:00pm)**

Collection by parent/carer: ☐

Collection by other: ☐

Can make their own way home: ☐

My child has the following medical conditions:

.....  
.....  
.....

My child has the following food allergies/dietary requirements (**Free School Meals Only**)

.....  
.....  
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Signed..... Name.....

Date.....