



SHD/mc **T825**

December 2017

Dear Parent/Carer

Re: London Art Galleries

The Art Department will be running a trip to London on **Thursday 25th January 2018** for Year 12 and 13 art students. We are intending to visit the Saatchi Gallery and The Victoria and Albert Museum. This experience will act as an invaluable resource towards students' upcoming exam and coursework submissions.

The bus will depart from the **Fosse** at **7.00 a.m.** prompt and we anticipate our return **at approximately 8.00 p.m. at the Fosse**, you will need to make arrangements for your child to get home at this time.

In order to make this trip viable, we have to ask for a contribution of **£27.00** to cover the cost of the transport and cover costs. Students will also need money if they wish to purchase any resources and it is advisable they bring a packed lunch.

If you wish your son/daughter to participate in this visit, you **must** sign the attached consent form as this is a legal requirement enforced by the LEA Insurance and Health and Safety departments. Failure to do so will preclude your child's attendance on the educational visit. Please return the consent form to school **before the trip**. Please make cheques payable to CAERLEON COMPREHENSIVE SCHOOL and put Trip reference **T825** on the reverse of the cheque.

May I assure parents that the school minibuses/coach companies we utilise have modern fully equipped vehicles that meet all statutory requirements.

The School emergency contact telephone number for Educational Visits is 07779 703104

Yours faithfully


Miss S Deasy
Head of the Art Department


G L Jones (Mr)
Deputy Headteacher

**Trip ref.no:
T825**

NEWPORT COUNTY COUNCIL

CAERLEON COMPREHENSIVE SCHOOL

I full address

being the parent/carer of.....

Form hereby give my permission to his/her participating in the following activity:

London – Saatchi Gallery and The National Gallery

Date: Thursday 25th January 2018
Leaving school: 7.00 am
Returning to school: *8.00 pm approximately

***I agree to make arrangements for my child to get home at this time.**

Signature: (Parent/Carer) Date:

Please return to:

Miss S Deasy
Head of the Art Department
Caerleon Comprehensive School
Cold Bath Road
Caerleon
Newport
NP18 NF

Please will you give a telephone number where you can be contacted if necessary.

Parent/Guardian: Home No:

Parent/Guardian: Business/mobile No: (Mother)

Business/mobile No: (Father)

Second Contact Telephone No:
(If parents are unavailable)

Does your child have any medical conditions Yes/No. If yes, please state details:

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

I enclose my payment for £27.00

Cheque

Cash