



Headteacher
Debbie Smith B.Ed, NPQH

Sandhurst School

the opportunity to succeed

Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire GU47 0SD

Tel: (01344)775678

Fax: (01344) 771575

Website: www.sandhurst.bracknell-forest.sch.uk

E.mail: admin@sandhurst.bracknell-forest.sch.uk

20th April 2018

Dear Parent/Carer,

Re: Business Studies / Travel and Tourism visit to Thorpe Park

I am writing to inform you that we are arranging an educational visit to Thorpe Park for our business studies and travel and tourism students in Year 10. This visit will take place on **Wednesday 4th July 2018**. The students will be leaving school at approximately **8.30am** and departing Thorpe Park at **4.00pm**. We intend to be back at Sandhurst School by approximately **4.45pm**.

The purpose of this visit is to enhance the students' learning of the topic on Customer Service, which is part of the current GCSE Business Studies course. The students will be given a customer needs assignment prior to the visit, which will require them to gather evidence and resources from the park throughout the day. They will also attend a 45-minute customer care workshop in the park at **10.15am**.

From approximately **11.00am** to **4.00pm**, the students will be gathering evidence for their assignment, as well as enjoying the leisure activities at the park. This visit is a fantastic opportunity for your son/daughter to apply their existing knowledge of customer's needs to a real life business situation.

The students should either bring a packed lunch or money to purchase lunch at one of the restaurant facilities in the park. The total cost for this visit will be **£32**, which includes park admission, the marketing workshop and coach travel to and from the park. Students in possession of a Merlin Annual Pass will not be charged admission to the park and should only pay **£14** to the finance office to cover the remaining costs. They **must**, of course, remember to bring their Merlin Annual Pass with them on the day. Please note that if you pay the **£14** option, you will not be able to pay online, only by cash or cheque to the Finance Department.

In order to secure a place on this visit please return the reply slip, attached OHA2 form and payment to the school Finance Department by **Friday 25th May 2018**. Payment can be made online in the usual way. If more than 50 students wish to go on this visit, we will draw 40 names at random from the replies that we receive by the deadline.

Please do not hesitate to get in contact, should you have any questions.

Yours sincerely

Mr P McKane
Business Studies Department



Would you prefer to receive your letters by Email? If so, please notify the school and provide us with your Email address

.....
PLEASE RETURN TO FINANCE OFFICE BY FRIDAY 20th APRIL 2018 – THORPE PARK

Student Name: Tutor Group:

I give permission for my son/daughter to take part in the visit to **Thorpe Park** on **4th July 2018**

FOR OFFICIAL USE ONLY

- I enclose: Completed **OHA2 - VISITS medical and consent form**
 Cost of **£32**
 Cash/cheque for **£14** (my son/daughter has a Merlin Annual Pass)

Payment Method - Please tick one: Cheque Cash Online (preferred method

Online payment made on/...../.....)

Signed Parent/Carer



Would you prefer to receive your letters by Email? If so, please notify the school and provide us with your Email address

**BRACKNELL FOREST COUNCIL
CHILDREN, YOUNG PEOPLE AND LEARNING
MEDICAL AND CONSENT FORM**



IMPORTANT: This form must be completed by all adults, children & young people who are participating in the activity. For Participants under the age of 18 the form must be signed by their parent/carer. Participants over the age of 18, including adults and young people living independently should sign the form on behalf of themselves.

Establishment: (e.g. project, school, youth centre etc)

Sandhurst School, Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire, GU47 0SD

Tel: 01344-775678

Please provide the following details in respect of the PARTICIPANT:

Visit/Activity:

Thorpe Park

Date/s:

4th July 2018

Full Name:

Date of Birth:

Home address including post code:

Mobile Phone Number (if applicable):

Date of last Tetanus Injection:

Participant's Doctor's contact details:

NHS number:

Doctor's Name:

Address including post code:

Telephone:

Please give details of any medical conditions e.g. diabetes, epilepsy, allergies etc:

Please give details of all current medical treatment, including medication:

Special Dietary Requirements:

Please provide further information on separate sheets as necessary

CONT'D OVERLEAF

Please provide the following details in respect of the NEXT OF KIN:

Full Name: Telephone (including STD code):
Relationship to Participant Home:
(e.g. mother): Work:
How should they be contacted in an emergency? Mobile:
Home address:

Declaration of Consent

I acknowledge receipt of and understand the information about the proposed visit/activity. I undertake to inform the Group Leader of any changes in the fitness of the Participant prior to departure.

- 1. I consent to the above named Participant taking part in the activity/visit.**
- 2. I agree / do not agree (please delete as appropriate) that the staff on the activity can give permission for the Participant to have any medical treatment that medical authorities think necessary, including anaesthetic and blood transfusion. If agreement is not given the signatory/next of kin must undertake to be contactable at all times in the event of an emergency so that any responsibility for decisions affecting the participant can be made by the signatory/next of kin.**

Signed:..... **Date:**

Relationship to the Participant:

The information you have provided will be recorded on the Council's database that will only be used in the event of an emergency by the Council, the Offsite Visits Advisor and the Establishment. No information held on this database will be disclosed to outside organisations or third parties without your written consent, unless there is a legal requirement to do so.

To be completed by the PARTICIPANT if applicable:

I understand that for the safety of all participants in the group, I will agree to obey the rules and instructions of members of staff.

Signature of Participant:..... **Date:**.....