



Headteacher
Debbie Smith B.Ed, NPQH

Sandhurst School

the opportunity to succeed

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11th May 2018

Dear Parent/Carers,

RE: YEAR 11 PROM - WEDNESDAY 4TH JULY 2018

The Year 11 Prom 2018 will be held at Trunkwell Mansion House, Beech Hill Road, Beech Hill, R67 2AT, between **7.30pm** and **11.00pm** on **Wednesday 4th July 2018**. Friends and family are most welcome to come to the venue between **7.00pm** and **7.30pm** to watch the limousines arrive and to take photographs. The Prom will be a formal event. Boys should wear suits or dinner jackets and girls should wear evening dresses. Guests will be entertained by a disco and awards ceremony and a buffet will be served during the evening. Students will be greeted with a complimentary glass of fruit punch on arrival, but will need to pay for any other drinks themselves. There will also be a photographer in attendance.

The Prom will be a strictly no alcohol event. It is important that students are aware that they will be refused admittance and sent home if they attempt to take alcohol into the event, or if they arrive at the venue and have obviously been drinking. In this event, we are unable to refund the ticket price.

Transport will be provided from Beech Hill back to Sandhurst School at **11pm for those who have indicated on the attached reply slip that transport is required**. We cannot guarantee a place on the coach if you have not booked one beforehand.

Tickets for the evening, which include transport back to Sandhurst School will cost **£35.00** and can be paid for by cash, cheque or online. The online facility will be available 48 hours from the date of this letter.

Please make your payment and return the attached OHA2 form and payment slip below to the letterbox outside the Finance Office. Cheques should be made payable to '**Sandhurst School Private Account**', with the student's name, tutor group and '**School Prom**' on the front of the envelope. Receipts will be issued upon request. Please ensure that tickets are purchased by **Friday 8th June 2018**.

Many students look forward to the Prom for months and we hope that it will be a fun and memorable event for all concerned.

Yours sincerely,

Ms S Hunt
Deputy Headteacher



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

YEAR 11 PROM – WEDNESDAY 4TH JULY 2018

Student Name: Tutor Group:

FOR OFFICIAL USE ONLY

I enclose: Completed **OHA2 - VISITS medical and consent form**

Cost of **£35**

Return transport on coach required? Yes No

Payment Method - Please tick one: Cheque Cash Online (preferred) (date online payment made
...../...../2018)

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: Year 11 Prom – Trunkwell House **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:**.....