

SDR/avt  
1 November 2017

Dear Parent(s) / Carer(s)

**Trip No: 4051- Optional Trip During Term Time to St Albans High School for Girls  
On 13<sup>th</sup> November 2017 – Year 13 (Named Students Only)**

It is with great pleasure that your son/daughter has been chosen as a member of the team that will represent The John Warner School at the Regional Heat of the UK Mathematics Trust / Further Mathematics Support Programme Senior Team Mathematics Challenge 2017 / 2018.

This will take place on Monday, 13<sup>th</sup> November 2017 from 1400 – 1700. The venue will be at St Albans High School for Girls. We shall be travelling by school minibus, departing at 1300 and arriving back at The John Warner School at approximately 1730.

This is a national competition which combines mathematical, communication and teamwork skills and offer students the chance to express and develop their enjoyment in Mathematics. In order to promote this, photographs of the students working and of the winning teams may be taken on the day for marketing and publicity purposes. If you are happy for your son/daughter to have their photograph taken, please complete the permission reply slip attached.

If you would like your child to go on this optional trip you are invited to make a voluntary contribution of £10.00 which will cover the cost of this visit. We must inform you that as the school could not bear the cost of the visit, the visit will not take place unless parents who are able to pay are willing to contribute. If you are unable to contribute, you are invited to contact the Assistant Head: Director of Finance & Resources.

**Please complete the [consent and payment form](#) available to download from the school's website** or return the slip attached to this letter indicating your preferred method of payment. Please note that all trips will be allocated on a first-come, first-serve basis, places will not be confirmed until your payment is received, therefore we recommend that you respond as soon as possible. All cancellations must be provided in writing to the Finance Office. You will be liable for all costs incurred by the school up to the point of cancellation.

Please be aware that the school reserve the right to refuse a place on this trip for any pupil whose attendance falls below the acceptable level and/or their behaviour has been a cause for concern. In line with our School Trips Policy, if there is a need to contact your child while they are out of school, please phone Mrs Sally Pringle on 07938 225451 or Mr Oliver Price on 07925019743.

Yours faithfully

**Mr S Robinson**  
Acting Head of the Faculty of Mathematics

**Mrs S Pringle**  
Assistant Head: Director of Finance & Resources

Encl.

# Reply Slip

**Trip No: 4051- Optional Trip During Term Time to St Albans High School for Girls  
On 13<sup>th</sup> November 2017 – Year 13 (Named Students Only) (SDR)**

If you wish to complete this reply slip electronically, then please complete the [consent and payment form](#) available to download from the school's website

Student's Name: \_\_\_\_\_

Form: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child suffer from any medical conditions?  Yes  No

Will this medical condition affect them taking part in the activities?  Yes  No

If yes, please give details including treatment that they currently receive for this/these medical conditions: \_\_\_\_\_

\_\_\_\_\_

Enter any known allergies to drugs, medicines or food and/or special dietary requirements:

\_\_\_\_\_

\_\_\_\_\_

Has your child been immunised against tetanus?  Yes  No

**Please provide us with two emergency contact numbers:**

Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**I also give permission for photographs to be taken of my son/daughter for publicising the event and marketing purposes:**

Yes  No

## **Declaration**

I agree to my child taking part in the above mentioned visit and to their participation in the activities to be undertaken during the day. I support the need for obedience and responsible behaviour on their part.

To the best of my knowledge, my child is not suffering from any medical condition that makes them unfit to participate in this visit. I agree to my child receiving medical treatment as considered necessary by the medical authorities present.

**Payment Method – £10.00**

<input type="checkbox"/> Wise Pay (via Internet) <sup>1</sup> Preferred payment method	<input type="checkbox"/> Cheque <sup>2</sup> Cheques payable to The John Warner School	<input type="checkbox"/> Cash <sup>2</sup>
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<sup>1</sup> If Wise Pay is showing that the trip is full, please contact the Finance department in the first instance. If you wish to pay by Debit or Credit card directly rather than through Wise Pay, then please contact the Finance Department.

<sup>2</sup> If paying by cash or cheque, please put your payment in an envelope which should be labelled with the name of the trip, your child's name, form and the amount enclosed. We would appreciate your cooperation by requesting that your child places the response slip in the trips box, which is located at Student Services.

All outstanding payments must be with the school a minimum of four weeks prior to the start date of the trip unless an earlier payment date is stated on the original letter.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent / Carer**