

HLN/avt  
12 January 2018

Dear Parent(s) / Carer(s)

**Trip No: 4073 - Optional Trip During Term Time to Dame Alice Owen School on 24<sup>th</sup> January 2018 – Year 10 (Named Students Only)**

I am writing to advise that on Wednesday, 24<sup>th</sup> January, Dame Alice Owen School in collaboration with SACRE have invited an Auschwitz survivor Kitty Hart-Moxon OBE to speak. Kitty Hart-Moxon was sent to Auschwitz at the age of 16, after being liberated two years later in 1945 she moved to England with her mother. Kitty Hart-Moxon has dedicated her life to raising awareness of the Holocaust and received her OBE in honour of her tremendous work on Holocaust Education. This is an excellent opportunity for your child to engage with a poignant moment in world history and to hear the personal testimony of this amazing author and campaigner. Schools across Hertfordshire have been asked to bring only small groups of 15 students to this very special event.

The event is being held at Dame Alice Owen's School in Potters Bar. All students will be taken by coach to the venue and then returned to school after. The timings for the day are as follows:

- 11:50 – Students to meet in reception ready to board the coach
- 12:00 – Coach departs for Dame Alice Owen School
- 12:45 – Arrival at Dame Alice Owen School
- 13:00-15:30 – Holocaust Memorial Day Commemoration
- 15:30 – Coach departs for The John Warner School
- 16:30 – Arrival back at The John Warner School

If you have any questions please do not hesitate to contact me.

On this occasion the school will be funding the cost of this trip. If you would like your child to go on this optional trip, [please follow this link to complete the consent and payment form](#) (*website: Home/Parents/Forms*) or return the slip attached to this letter. Please note that all trips will be allocated on a first-come, first-serve basis. All cancellations must be provided in writing to the Finance Office. Once a place is confirmed, 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

**Miss L Noall**

Lead Practitioner for Civic Engagement  
Subject Leader for Politics

and

**Mrs G Knights**

Assistant Head: Director of Finance & Resources

Encl.

# Reply Slip

Trip No: 4073 - Optional Trip During Term Time to Dame Alice Owen School on 24<sup>th</sup> January 2018 – Year 10  
(Named Students Only) (HLN)

If you wish to complete this reply slip electronically, then please complete the [consent and payment form on our website by following this link](#)

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: \_\_\_\_\_

For overseas visits only, please confirm that you have included:

Copy of Passport included  Yes  No

Copy EHC included  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.

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