



# St Peter's Catholic High School

JAC/ABA

*A Specialist Visual Arts College*



6<sup>th</sup> September 2016

## INITIAL LETTER

We are planning to take a party of GCSE Physical Education Students to High Adventure Outdoor Activities Centre in Cowling, near Skipton, North Yorkshire on Monday 5<sup>th</sup> until Wednesday 7<sup>th</sup> December 2016. The cost of the trip is £148.00 (**Please do not send any money at this time**), this includes the following itinerary:

- Return travel by coach
- Full board accommodation
- The option to be assessed in 2 sports (Rock Climbing, Orienteering or Mountain Biking)
- Expert tuition from fully qualified and experienced outdoor education staff
- All safety equipment provided
- Video evidence of all pupils completing their assessment
- GCSE Revision sessions in the evening

This will be a fantastic opportunity for pupils to enhance their GCSE practical grades by participating and securing assessment in areas of PE that do not take place in our school environment.

As you may be aware 50% of your child's final GCSE mark will come from choosing four different sporting activities.

Having visited the centre, I would strongly recommend that your child considers taking part in this trip. Many pupils who have attended in previous years all attained A\* - B.

As the weekend is only a matter of months away from the exam for Year 11, it would provide the perfect opportunity for revision focusing on the theory aspects of the course to be delivered in an informal manner as evening workshops by our own PE staff, again aimed at improving your child's existing knowledge and furthering their understanding of the subject prior to the exam.

All monies paid in for this trip will be non refundable. This applies even if the school decided that because of misconduct/poor attitude on the part of your son/daughter, it would not be appropriate for him/her to take part. Signing the reply slip indicates that you understand, accept and support this policy. Your son/daughter will only be allowed on this trip if the reply slip is signed.

If you would like your son/daughter to join this trip, please fill in the reply slip attached and return it to Miss Jackson by Friday 30<sup>th</sup> September 2016.

**No payment is required with this reply slip at the moment.**

The reply slip indicates that you give permission for your child to take part on the trip and that you agree to pay the total cost of £148.00 and including a deposit of £50.00 which is non- refundable.

Further details of the payment schedule will be forwarded to you when I have secured enough pupil places to ensure the trip can go ahead and you will then be asked to pay in a non-refundable deposit of £50.00.

Further details and payment dates will then be forwarded to you in due course. If you have any questions, please don't hesitate to contact me

Yours sincerely,

A Jackson

A Jackson (Miss)  
Head of PE

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Headteacher: Mr. A. McGlown M.A. (Oxon) N.P.Q.H

To: Miss Jackson:

Name: \_\_\_\_\_ Form: \_\_\_\_\_

I/We wish my/our son/daughter to be included in the GCSE PE High Adventure trip on Monday 5<sup>th</sup> – Wednesday 7<sup>th</sup> December 2016

I/We accept the conditions outlined in the letter dated 6<sup>th</sup> Sept 2016 and understand that if my/our child is able to go a non-refundable deposit of £50.00 is required (cheques made payable to St Peter's Catholic High School).

**I/We understand that no money is required at this time.**

I/We support the school in the disciplinary matters required for this trip.

I/We agree to my/our son/daughter receiving medication as instructed any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I/We understand the extent and limitations of the insurance cover provided.

I/We have given details below of any medical condition from which my/our son/daughter suffers and details of the administration of any medication.

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

Emergency telephone number (s) \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

Please indicate below by ticking two of your preferred choices:

- Mountain Biking
- Orienteering
- Rock climbing