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Wednesday 23rd January 2019

Dear Parents,

Hooke Court Residential

Details of our visit to Hooke Court (Wednesday 26th June - Friday 28th June 2019) now need to be finalised. We can now confirm that the cost for the trip is £160.00. Please see below for the payment plan:

Initial deposit = £40 was due by Friday 14th December 2018

First instalment of: £30.00 payable by Thursday 14th February 2019

Second Instalment of: £30.00 payable by Thursday 14th March 2019

Third Instalment of: £30.00 payable by Thursday 25th April 2019

Fourth Instalment of: £30.00 payable by Thursday 23rd May 2019

I appreciate the cost of this residential visit for Year 4, I hope that spreading the cost over the coming months as above will help. Should the above amounts be difficult please contact the school office who will be happy to arrange a personal payment plan with you.

I am very keen for all the children to go and I would ask anyone who might be worried about the cost, or anything else, to contact me to discuss in confidence.

Enclosed with this letter is a County Parental Consent Form for a residential visit which you will need to complete and return to us as soon as possible. It is very important that we have this completed document to take with us. Also enclosed is a list of items which each child will need to bring with them.

During the residential trip we will have a high level of supervision for the children from our Year 4 team, our team of staff will also be supporting the professionals who lead the sessions at Hooke Court.

We will be holding a parent's information session when full details of the activities planned will be shared with you, details of this session will follow in due course.

Yours sincerely

Mr Spracklen - Headteacher









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DORSET COUNTY COUNCIL

PARENTAL CONSENT FORM FOR A RESIDENTIAL VISIT

The Prince of Wales School

YEAR 4 - VISIT TO HOOKE COURT (26th - 28th June 2019)

Name of child		
I consent to my child taking part in the vinformation evening).	visit and the activities involved. (You will receive details of the activit	ies on the
matter concerning your child about which the organising staff know whether he or inhaler information. Please also include any special dietary	rould like you to know the following: (Please state, in confidence, any och you would like the staff to know. In your child's interests it is vitally as suffers from any illness which may affect his or her participation requirements that your child may have. If necessary please supply the liministered, together with relevant instructions.) Closer to the time of th	ly important that n. <u>Please includ</u> the party leader
	ncy medical treatment, which might involve the use of anaesthetics and the party leaders will do their utmost to contact me prior to any su	
Is your son/daughter allergic to any med	dicine? If YES, please specify:	
When did your son/daughter last have a	a tetanus injection?	
Doctor's name and telephone number		
Child's NHS card number		
Home address and telephone number		
	Tel No:	continued overleaf









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Emergency contact name		
(if parent cannot be contacted)		
	Tel No:	
I further consent to my child travel adult member of the party.	ling by any form of public t	ransport and/or in a motor vehicle driven by a suitably qualified
arrangements for care, supervision and evidenced in the current pract	n and discipline will be in ac lice at the school. I also und f my child. Neither the Cour	visits are an extension of school activities and that, as such, cordance with those policies laid down in the school prospectus erstand and accept that the school, through its party leaders, will nty Council, the school, nor their representatives can be held
The school has taken out travel ins	urance for this school visit,	full details are available from the school office.
I agree to reinforce the need for m	y child to follow the school	's code of behaviour.
Signed	(Parent/Guardian)	Date







