



Coolinge Lane
Folkestone
Kent CT20 3RB

Tel: 01303 251125

Fax: 01303 212732

E-mail: headteacher@folkestonegirls.kent.sch.uk
www.folkestonegirls.kent.sch.uk

Executive Principal: Mrs T Luke
Head of School: Mrs C Stubbings



Dear Parents/Carers

5 January 2012

School Visit

A visit to the Hazlitt Theatre, Maidstone will take place on Monday 20 February 2012 to see a play entitled "Hitler on Trial". The trip will depart at 8:00am and will return to School at approximately 2:30pm. Pupils are expected to remain with the party throughout the visit.

Parents are invited to make a contribution of £16.50 in accordance with the School's Charging Policy. Cheques should be made payable to 'The Folkestone School for Girls'. Pupils who are registered with KCC for free school meals are not expected to make a contribution. Please indicate this by ticking the relevant box on the reply slip. Reply slips and contributions should be returned in a sealed envelope to a member of the Finance Department. Alternatively, any payments made by cheque can be deposited in one of the Finance Payment Boxes, which are located in the Main School Foyer and Penfold Foyer. Please ensure that if you are paying by cheque that your daughter's name, form and trip details are clearly written on the back of the cheque. No responsibility will be taken for envelopes lost because they are not handed over at the earliest opportunity.

Please ensure that your daughter brings a packed lunch on the day of the trip. If she is registered with KCC for free school meals and would like the school to provide her with a packed lunch on the day of the trip then please indicate this on the permission slip below.

Yours sincerely,

Mr C Higgins
DoL History Department

SCHOOL TRIP EMERGENCY CONTACT DETAILS

During School Hours (8:30am to 4:30pm) Monday to Friday (Term Time only) – please ring Reception on 01303 251125.

After School Hours and at weekends and holidays – please ring 0844 481 9233 (for a recorded message) OR please ring the Duty Manager on 07765 916877.

PLEASE NOTE THAT THERE ARE ONLY 45 SPACES AVAILABLE ON THIS TRIP WHICH WILL BE ALLOCATED ON A 'FIRST COME, FIRST SERVED' BASIS

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Please complete both sections below and return to a member of the Finance Department. Alternatively, any payments made by cheque can be deposited in one of the Finance Payment Boxes, which are located in the Main School Foyer and Penfold Foyer. Please ensure that if you are paying by cheque that your daughters name, form and trip details are clearly written on the back of the cheque.

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Visit to: **Hazlitt Theatre, Maidstone**

Date: **Monday 20 February 2012**

Name of Daughter: _____ Year: _____ Tutor Group: _____

I wish my daughter to take part in the above visit:

I enclose the sum of £16.50 as a voluntary contribution towards the visit.

My daughter is registered with KCC for free school meals.

My daughter is registered with KCC for free school meals and I would like to make a contribution of £_____

My daughter is registered with KCC for free school meals and would like to be provided with a packed lunch on the day of the trip

Should the necessity arise, I agree to the persons in charge of the party giving consent on my behalf for an anaesthetic to be administered, or for any other medical treatment to be given. I agree to the School providing relevant medical information to the Centre/Host Family. I take responsibility for alerting the organiser that this is necessary and shall ensure that up to date medical information is provided before the trip commences. I accept that, should the outing have to be cancelled for reasons beyond the School's control, including industrial action by outside agencies or adverse weather conditions, refunds will only be made in so far as the school can claim reimbursement. I also accept that, where the school has incurred prior costs, monies already paid as full or part payment will be non-refundable if a pupil wishes to withdraw voluntarily. The only exception to this rule will be for compassionate reasons, when the Headteacher will have full discretion over reimbursement.

I acknowledge the need for my daughter to be responsible and behave appropriately. I understand that photographs/video may be taken during the activities on this visit and I give my consent for my daughter to be photographed/videoed on this occasion.

Signed: _____ Parent/Carer Date: _____

In an emergency please contact: Name: _____ Telephone No: _____

Does your daughter have any special medical needs or dietary requirements? Please give details below. Please inform the group leader as soon as possible of any changes in medical or other circumstances prior to the visit.

INC/1611