



Brine Leas School

An Academy

Believe, Learn, Succeed

October 2016

Re: Curriculum Week – Year 9

Dear Parents/Guardians

I am writing to inform you about an exciting project taking place at school week commencing Monday 24th October, 2016. Curriculum Week will be taking place from Monday – Friday during which time normal lessons do not take place. This is the school's opportunity to provide your child with the chance to experience learning in a different way.

As a Year 9 student your child will be doing a variety of activities including:

- A day with the Creative Arts Department
- A visit to Old Trafford with the RE Department
- A visit to the Slavery Museum with the History Department
- A day working with English – War, Poetry and Literature
- Technology
- BITE

	Monday AM	Monday PM	Tuesday AM	Tuesday PM	Wednesday AM	Wednesday PM	Thursday AM	Thursday PM	Friday AM	Friday PM
9y	History visit	History visit	Creative Arts	Creative Arts	English	English	RE visit	RE visit	Technology	English
9z	Creative Arts	Creative Arts	History visit	History visit	English	English	Technology	BITE	RE visit	RE visit

In order for these activities to go ahead we request a voluntary contribution of £22, payable before Friday 14th October, 2016. We have kept the contribution to a minimum and believe it is good value for money, however if sufficient contributions are not received some activities may not be able to take place.

Cheques should be made payable to Brine Leas School and returned with the permission slip in an envelope via the Drop Box outside Student Reception no later than Friday 14th October, 2016.

Cash payment can be accepted when a cheque payment is not possible. Students must take cash payments direct to the Finance Office and this will be receipted in the student's planner.

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If your child is currently eligible for Free School Meals/has in the past been on Free School Meals since 2009 / is currently or has been a Child in Service since January 2011 / is currently a Cared for Child or has ever been looked after by an English or Welsh local authority immediately before being adopted, left local authority care on a special guardianship or child arrangements order, then the contribution will be paid for through the Pupil Premium Fund, please return the form attached with the Pupil Premium Payment option on the reply slip ticked. If your form is returned to school showing the Pupil Premium option and we don't appear to have your child on our Pupil Premium records we may need to contact you to clarify.

Students will require a packed lunch and drink(s) with them for both visits. If your child is currently on the Pupil Premium register, a packed lunch can be provided by the school canteen. If you would like your child to receive a packed lunch please confirm on the permission slip attached.

No child should be precluded simply because a contribution has not been made. Therefore please contact Mrs K Bradshaw, Business Manager should you require assistance.

I have also enclosed a Form C (Parental Permission). Please complete the form and return it to school along with your child's permission slip. Unfortunately, without this form being completed and returned to school, your child will not be allowed to attend the visits. *Please note, the medical and contact details we receive on the C Form will be held on file and used for both school visits, therefore by signing the form you are agreeing to your child attending both visits.*

Your child will be fully briefed on the needs and expectations of the week by each of the departments involved prior to the start of the week and a full timetable will be available for your viewing on the school website.

Many thanks in advance for your support with this project and please contact the school if you have any questions in the meantime.

Yours faithfully



Mrs A Beecher

Curriculum Enrichment Coordinator

ABR/SAF/DCE

Reply Slip – Year 9 Curriculum Week Monday 24th – Friday 28th October, 2016

I give permission for my child Progress Group
to take part in Curriculum Enrichment Week, and I have indicated my contribution method
below.

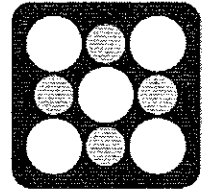
- I have enclosed a cheque for £22 made payable to Brine Leas School. Please post into the Drop Box at Student Reception.
- I enclose a £22 cash contribution that my child will take to the Finance Office for a receipt to be provided.
- My child is on the Pupil Premium register and my contribution will be covered by the Pupil Premium Fund.
- I do not wish to make a voluntary contribution.
- My child is on the Pupil Premium register and will require a packed lunch
- My child is on the Pupil Premium register but will not require a packed lunch
- I have enclosed the completed Form C and agree to the medical and contact details being used for both visits. I am also agreeing to my child attending both visits.

Signed (Parent/Guardian) Date

*Please return via the Drop Box outside Student Reception no later than
Friday 14th October, 2016*



BRINE LEAS SCHOOL – STUDENT FORM C



Parent/Guardian Consent for a School Visit

Please ensure that you return this form to Brine Leas School as soon as possible. Unfortunately without this form being completed we cannot allow your child to take part in the visit. Thank you

Department/Subject: Year 9 CEW	Group Leaders Miss Williams - Old Trafford Miss Parker – Slavery Museum
Visit to: Old Trafford Slavery Museum	
Leaving BLS at: Approx 9.15am	Returning to BLS at: 3.15pm

STUDENT DETAILS

Student's Name:

Tutor Group: Date of Birth:

Declaration:

- ❖ In the event of a medical emergency I agree to my child receiving medication as instructed and any of the following as considered necessary by the medical authorities present (please delete as appropriate):
Medical Treatment, Emergency Dental Treatment, Surgical Treatment, Anaesthetic, Blood Transfusion
- ❖ I understand the extent and the limitations of the insurance cover provided
- ❖ I understand what is involved in the visit and I agree to my child's participation in the activities described
- ❖ I acknowledge the need for my child to behave responsibly throughout the visit
- ❖ As part of the activities we may take photographs or video footage to use in printed publications, publicity or promotional material, including the local press. Please tick if you do **NOT** give your consent.

Signed: Relationship to Child: Date:

Print Full Name (in capitals please):

CONTACT DETAILS

Parent/Guardian contact details:

Name: Relationship to Child:

Home Address:

Home Tel no: Mobile Tel No: Work Tel No:

Email address:

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Alternative Emergency Contact Details:

Name: Relationship to Child:

Home Tel No: Mobile Tel No: Work Tel No:

PLEASE TURN OVER

MEDICAL INFORMATION ABOUT YOUR CHILD

1. Does your child have any conditions which require medical treatment, including regular medication? **YES/NO**
If **yes**, please provide details:

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.....

IMPORTANT

Please ensure that any medication your child is taking on this visit is clearly labelled with their name, Form and daily dosage instructions. All medication should be handed to a teacher at the start of the visit.

2. Please provide details of any food or other allergies and special dietary requirements of your child:

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3. Has your child suffered any recent illness or had an accident that staff need to be made aware of? **YES/NO**
If **yes**, please provide details:

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4. Is your child allergic to any specific medication? **YES/NO**
If **yes**, please provide details:

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5. Please provide details of the type of pain/flu relief medication that your child may be given if required:

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6. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? **YES/NO**
If **yes**, please provide details:

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7. When did your child last have a tetanus injection?

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