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Principal: James Tickle

June 2018

Dear Parent

YEAR 7 BUSHCRAFT RESIDENTIAL

We are delighted to offer our new Year 7 students their first residential trip at The Roundhill Academy. This three day residential trip will take place on Monday 24th to Wednesday 26th September 2018 at The Bushcraft Company, Cornbury Park. We will depart on Monday at 8.00am and return on Wednesday around 5.00pm.

Cornbury Park is located near the Cotswold town of Charlbury, in Oxfordshire. This idyllic estate was formerly a hunting lodge and boasts the largest privately owned ancient woodland in the country. The site features a stunning deer park, beautiful lakes, a crashed plane and ancient oak trees.

This Year 7 trip is designed to promote teambuilding, to develop new skills and for students to interact with their new peers in a fun, creative environment. The Bushcraft Company are a leading provider of outdoor education and are accredited with the LotC (Learning outside the Classroom) badge. They also provide all technical and pastoral support for the duration of the residential. Students will sleep in safari-style tented camps in a woodland setting and take part in a unique set of activities with a Bushcraft theme. They will be outdoors for the full duration of the trip.

Students will learn:

- To conduct themselves safely in an unfamiliar environment;
- To create a sense of community and team identity;
- The effect our surroundings have on our feelings and comfort;
- To participate in groups activities and work towards a shared goal;
- To enjoy spending time outdoors and involved in different activities;
- To engage with the natural British landscape;
- To think practically and creatively about the world around them.

Mr Snowden will be leading this visit and has experience of leading both field studies visits and outdoor pursuits activities. If you have any questions regarding the visit please contact Mr Snowden via the school office.

The total cost for the visit will be **£180.00** (see price structure if eligible for Free School Meals or any other benefits) this covers all transport, insurance, food, accommodation and activities at the centre. If you wish for your child to be considered please return the reply slip with the required payment in an envelope with your child's name and clearly marked '**Bushcraft Residential**' by **Friday 7th September 2018**. We would be grateful if you could make payment using ParentPay which is our preferred method of payment.

PRICE STRUCTURE	TOTAL
• Full price	£180.00
• Eligible for any other benefits e.g. Housing Benefits, Jobseekers Allowance, Tax Credits	£135.00
• Eligible for Free School Meals	£ 90.00

This is a self-financing trip which regrettably will only go ahead if sufficient contributions are received. The cost assumes 70 students wish to go and a reserve list will be made if we are oversubscribed.

Financial Assistance

Assistance with the payment for trips and activities is available to parents from a variety of sources, and is provided for a range of reasons.

Students eligible for Free School Meals will have a percentage of the costs funded for them from 'The Pupil Premium'. This is additional funding given to schools specifically for this group of students.

Parents who receive any other form of benefit (Housing Benefit, Jobseekers Allowance, and Tax Credits) will receive a percentage discount from the Governors Fund.

If you do not meet any of the above criteria, but would like further details of the Governors Fund, please contact the school office. Please be assured all enquiries will be treated in the strictest of confidence.

A copy of this letter can be found on the school website.

Yours sincerely

David Snowden
Trip Organiser

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REPLY SLIP YEAR 7 BUSHCRAFT RESIDENTIAL

Student's Name:

Student's Address:

Primary School:

a) Please tick where applicable:		
<input type="checkbox"/> Full Price £180.00	<input type="checkbox"/> Eligible for Benefits £135.00	<input type="checkbox"/> Eligible for Free School Meals £90.00
b) Method of Payment:		
Payment of £ _____ enclosed (<i>Cheque made payable to The Roundhill Academy</i>) Cash <input type="checkbox"/> Cheque <input type="checkbox"/>		
ParentPay <input type="checkbox"/> Date payment made by ParentPay _____		
I confirm I have paid by credit / debit card on _____		

Unfortunately, we will not be able to refund the full cost of the trip if your son / daughter cannot attend once a place on the trip has been agreed.

Signed: _____ Date: _____
(Parent/person with legal responsibility for the young person)

Please log onto ParentPay using your unique username and password to make your payment by **Friday 7th September 2018**. (see enclosed letter with Welcome Pack)

PLEASE RETURN TO THE ROUNDHILL ACADEMY SCHOOL OFFICE ALONG WITH THE ATTACHED RESIDENTIAL MEDICAL FORM BY FRIDAY 7TH SEPTEMBER

The Roundhill Academy Residential Medical Form

Completion of this form is mandatory. Non-completion will result in students not being able to attend the trip.

Name:		Date of Birth:	
My child has the following Medical Conditions:			
Is s/he allergic to anything?			yes / no
If yes give details			
Is s/he currently taking any medication?			yes / no
If yes give details			
Does s/he take responsibility for their own medication			yes / no
Detail of medication and dose:			
Does s/he have any mobility difficulties?			yes / no
If yes give details			
Does s/he have any special dietary needs?			yes / no
If yes give details			
Non-Prescription Treatments			
In accordance with the guidance contained on / in the packet			
May s/he take paracetamol under supervision			yes / no
May s/he take allergy relief tablets under supervision			yes / no
May s/he take / use DEET insect repellent			yes / no
May s/he use sun cream			yes / no
Medical Consent			
In the event of an emergency I give permission for him / her to receive medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I hereby give my general consent to any necessary medical treatment and authorise the trip leader to sign any document required by the hospital authorities.			
Signed:		Date:	
Print Name:			
Priority contact number one – emergency telephone numbers:			
Mobile: _____ Home: _____			