

Mildenhall College Academy

The Hub, Sheldrick Way, Mildenhall, Suffolk. IP28 7JX

Tel: 01638 714645

Email: reception@mca.ATTRust.org.uk

Principal: Miss N Hood BEd (hons)



Mildenhall College
A C A D E M Y

Dear Parent/ Carer,

San Francisco 2024

We are looking to run the above trip to San Francisco during February half term 2024 from Saturday to Friday. The trip includes insurance, transport, accommodation, food/drink and all activities.

The cost of the trip has yet to be fixed but we anticipate the cost be up to **£2000**. At the present time we asking for a non-refundable deposit of **£200** to secure your place. Please return the attached forms along with your payment no later than **7th April 2022**. We will write to you shortly after this date with further information regarding the trip including a payment schedule. If the trip does not go ahead the deposit will be returned to the payment card used. Spaces are currently limited to 30 students. This trip is open to all students currently in years 7-11 regardless of whether they study Computer Science or ICT.

A letter will be sent asking you to confirm the trip for your child nearer the time and before the academy parts with any money to ensure the trip is fully insured and that a full refund will be recoverable in the light of any COVID restrictions.

The Academy's preferred method of payment for this trip is by debit or credit card via www.scopay.com or the SCOpay app. Details on how to use this service are found under "online payments" on the parent's tab of the academy's website. First time users are required to enter a "Link code", which can be obtained from Mrs Tuffs in the Finance Office. It is recommended that you register for SCOpay beforehand. The return slip still needs to be handed to the Academy's Finance Office by **7th April 2022** to confirm your place.

Should you have any questions about this trip then please contact me via email martin.sexton@mca.attrust.org.uk or by telephone on 01638 714645.

Yours sincerely

Mr M Sexton

Trip Lead

#TransformingLives



Mildenhall College Academy- EDUCATIONAL VISITS PARENTAL CONSENT FORM (PC/07)

NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: San Francisco USA

DATE(S) OF VISIT(S):

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: _____

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I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the academy's governors.

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Home Address

Alternative Contact if required

Name: _____

Name: _____

Address: _____

Address: _____

Post Code: _____

Post Code: _____

Tel: _____

Tel: _____

Tel: _____

Tel: _____

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

Please return to: Finance Office or MCA6 Reception on or before **7th April 2022**

Re: San Francisco 2024

Initial Deposit: £200 **Dates: February 2024**

Ref: SAN240201

Student Name:

Tutor Group:

I give permission for the named student to attend the above trip and I understand that if I withdraw them from the trip I may not get a full refund.

I have paid £.....using SCOPay and my reference number is

Signed..... Parent/Carer Dated.....