



## Dollar Academy Physics Department

22<sup>nd</sup> October 2019

Dear Parent/Guardian,

### Physics Department ESC trip Thursday 6<sup>th</sup> – Tuesday 11<sup>th</sup> August 2020

This trip will be open to all current Form II pupils and places will be allocated on a first-come, first-served basis.

**Purpose of the trip:** To visit the Euro Space Centre, a European education centre dedicated to space travel in Redu Belgium. Over and above the activities at the Space Centre the trip will also include a visit to a chocolate factory, with a chocolate making class, and a visit to Bouillon Castle.

**Travel & Accommodation:** Travel will be by coach leaving, Dollar Thursday 6<sup>th</sup> August 19:00, boarding the ferry at Dover going to Calais and arriving in Redu on the afternoon of Friday 7<sup>th</sup> August. Full board accommodation will be on site at the Euro Space Centre. The pupils will return to Dollar on Tuesday 11<sup>th</sup> August at midday.

**Cost:** The cost of the trip will be £740, which includes all costs for transport, accommodation and meals at the Euro Space Centre and trips. This can be paid in instalments. An initial deposit of £140 is required to secure a place by **Friday 22nd November**. Payment will be active on ParentPay after consent forms have been returned. Further instalments of £300 will be due on 2<sup>nd</sup> March and 4<sup>th</sup> May.

**Staffing Details:** Accompanying the trip will be Dr Fulton, Mrs. Watson, Miss Malley, Mrs Caine and Mrs MacBean.

**Clothing/Equipment Required:** Specialist equipment will not be required. Pupils can bring one large bag containing appropriate casual clothing, comfortable footwear and a waterproof jacket as well as one small bag for taking on the coach/ferry.

**Parental Consent:** Please complete **the two-sided** attached form and return by **Friday 8<sup>th</sup> November 2019** to the Physics Department. Places will be allocated on a first-come, first-served basis.

Please note that the initial deposit of £140 is non-refundable (unless a substitute pupil can be found), so please consider this commitment carefully before submitting an application. To confirm the booking, the full name of the pupil, as it appears on the passport, along with his/her date of birth and gender is required. If you require further information, please contact me through the school office.

Yours sincerely,

Dr S Fulton, Head of Physics



## Passport information – required to confirm booking.

Please complete the following form, detach and return to Dr Fulton, Physics Department.

I have included a photocopy of my child's passport showing his or her name, date of birth and gender:

Yes/no

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If photocopy of passport is unavailable please complete the following:

Name as it appears on passport/ will appear: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

**PERMISSION SLIP**

Please complete the following form, detach and return to Dr Fulton, Physics Department.

I .....parent/guardian  
of .....in Form Class ..... have received the  
details of the Physics ESA Trip to take place between the 6<sup>th</sup> and 11<sup>th</sup> August 2020 and give permission for  
my son/daughter/ward to take part.

**I understand that in the event of serious accident or injury to my son/daughter/ward every effort will be made to contact me. Where this proves impossible, I hereby consent to my son/daughter/ward receiving any medical/surgical/dental treatment including a general anaesthetic and/or blood transfusion (please delete as appropriate), as considered necessary by the Medical Authorities present.**

**I understand that it may be necessary, in exceptional and emergency circumstances, for me or a nominated representative to travel to the site of medical treatment (which may be to the group's location) to take over responsibility for my son/daughter/ward.**

**Should my son/daughter/ward require treatment for minor ailments, I give permission for expedition leaders or their deputies to administer, as appropriate (*strike out whichever does not apply*):**

- 1. paracetamol or other analgesics (for relief of pain or fever)
- 2. antihistamine (for relief of hay fever, insect bites or other allergic reactions)

**I give details below of any other medication, prescribed or non-prescribed, that my son/daughter/ward may need to carry, or those to which he/she is allergic.**

**I furthermore give permission for expedition leaders or their deputies to help administer these medicines if required.**

**1. Current medical conditions or concerns of which expedition staff should be aware (please include any relevant condition already notified to the school):**

.....  
.....

**2. Medication required for this / these condition(s)**

.....

**3. Instructions for the administration of any medication being carried to treat the condition(s):**

.....  
.....  
.....

**4. I understand that if my child is not carrying the medication noted at (2) above at the time that the trip begins he / she will not be permitted to participate and I will be responsible for collecting him / her from the intended point of departure.**

**5. Special Dietary requirements:** .....

**I can be contacted at the following numbers at all times during the time of the trip:**

**Pupil mobile during the time of the trip:**

Signature.....Date.....