

RSC/lqu

18 April 2018

Dear Parent(s)/Carer(s)

Trip No: 4105 - Optional Trip Out of School Time - Year 11 Summer Prom – 27th June 2018

I am writing to inform you that the Year 11 students at The John Warner School are hoping to hold a Summer Prom which will take place on Wednesday 27th June 2018. The venue for this event will be The Three Lakes Restaurant, Westmill Farm, Ware, Herts SG12 0ES. The evening will start at 19:30 and finish at 23:00. The dress code is 'smart'.

Only Year 11 students from The John Warner School who have purchased a ticket will be permitted to attend. The evening will include a buffet, photo booth, DJ, disco and two security guards will be present for the entire evening. Soft drinks will be available to purchase. The cost of this event is £32.00 with the deadline for response being 8th June 2018.

If you would like your child to go on this optional trip, [please follow this link to complete the consent and payment form](#) (*website: Home/Parents/Forms*) or return the slip attached to this letter indicating your preferred method of payment. Please note that all trips will be allocated on a first-come, first-serve basis, places will not be confirmed until your payment is received and we therefore recommend that you respond as soon as possible. All cancellations must be provided in writing to the Finance Office. Once a place is confirmed, you will be liable for all costs incurred by the school up to the point of cancellation.

Please be aware that the school reserve the right to refuse a place on this trip for any pupil whose attendance falls below the acceptable level and/or their behaviour has been a cause for concern. In line with our School Trips Policy, if there is a need to contact your child while they are out of school, please phone Mrs Georgette Knights on 07741559124 or Mr Oliver Price on 07741559129.

Yours faithfully

Mr R Schrimshaw
Head of Year 11

Mrs G Knights
Assistant Head: Director of Finance &
Resources

Enc

Reply Slip

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If you wish to complete this reply slip electronically, then please complete the [consent and payment form](#) available to download from the school's website

Student's Name: _____

Form: _____ Date of Birth: _____

Does your child suffer from any medical conditions? Yes No

Will this medical condition affect them taking part in the activities? Yes No

If yes, please give details including treatment that they currently receive for this/these medical conditions: _____

Enter any known allergies to drugs, medicines or food and/or special dietary requirements:

Has your child been immunised against tetanus? Yes No

Please provide us with two emergency contact numbers:

Number: _____ Relationship to Student: _____

Number: _____ Relationship to Student: _____

For overseas visits only, please confirm that you have included:

Copy of Passport included Yes No

Copy EHIC included Yes No

Declaration

I agree to my child taking part in the above mentioned visit and to their participation in the activities to be undertaken during the day. I support the need for obedience and responsible behaviour on their part.

To the best of my knowledge, my child is not suffering from any medical condition that makes them unfit to participate in this visit. I agree to my child receiving medical treatment as considered necessary by the medical authorities present.

Payment Method – £32.00

- Wise Pay (via Internet)** Preferred payment method. If Wise Pay is showing that the trip is full, please contact the Finance Department in the first instance.
- Debit or Credit Card.** If you wish to pay by Debit or Credit card directly rather than through Wise Pay, then please call the school 01992 462889 and ask to be transferred to the Finance Department.
- Cheque.** If paying by cheque, please ask your child to hand payments directly to the finance office. Cheques should be made payable to The John Warner School.

All outstanding payments must be with the school a minimum of four weeks prior to the start date of the trip unless an earlier payment date is stated on the original letter.

Signed: _____ **Date:** _____
Parent / Carer