Dear Parent/Carer

**Year 7 and 8 ‘Flip Out’ Preston Trip**.

I am delighted to inform you that your child has been selected on a Rewards Trip to Flip Out Trampoline Park, Preston on Friday 17th December. This is due to the attendance being above 95% for this half term and their excellent behaviour.

Students are to arrive at school for the normal start time of 8.30am and register as normal with their form tutor. We will leave school at 8:45am to travel to Preston with our session commencing at 10.00am. The session will last until 12:00pm. Students will arrive back at school for approximately 12.45pm in time to leave school for the Christmas Holidays at lunchtime

School are asking for a contribution of £19 towards the total cost of the trip to subsidise coach travel, exclusive venue hire, instructor costs and trampoline socks. This contribution must be paid for via WEDUC and the deadline for all replies and monies to be paid is **Friday 10th December.**

Attached to this letter is a slip consenting to the waiver that must be completed and signed by a teacher to allow your child to participate on the equipment at Flip Out.

I must also point out that completion of requested information and payment does not guarantee a place on the trip. If an incident(s) of poor behaviour occur between now and the trip then the student’s invitation will be withdrawn without guarantee of a full refund.

Students are able to come to school in non-uniform (suitable clothing for a sporting activity). Normal make up and jewellery rules will still be in operation, however.

If you require any further information regarding the trip please do not hesitate to contact myself at school.

Yours sincerely,

Miss A Brennan

Head of Year 7

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I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_ to participate in the rewards trip to Flip Out Preston on Friday 17th December.

I agree to and have signed for my child to be added to the Flipout Waiver list.

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

Required Medical Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_