



NINE ACRES COMMUNITY PRIMARY SCHOOL

South View, Newport, Isle of Wight, PO30 1QP
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Headteacher: Mrs E. Dyer BA Hons QTS, NPQH

Team Work Respect Aspiration Perseverance Caring Creativity Citizenship Courage Independence

'Striving for Excellence'

5th March 2019

Dear Parents

Year 5 Overnight Trip to London – Thursday 28th March – Friday 29th March 2019

These are our final details for our overnight stay in London this month. Attached to this letter is an EV3 form which needs to be completed and returned to school by 11th March 2019.

The children will need to wear their smart school uniform and black shoes on both days; so that they are easy recognisable from the general public around the various places we will be visiting.

The children will need to bring a packed lunch and snacks for the ferry with them, with plenty of drinks for the day. They may also bring a book/game/activity (no electronic devices) to do when we are on the ferry. Please can we ask that **NO mobile phones** are taken as these easily get lost and we will contact you if we need to. Children will be allowed to bring a **disposable camera, (not digital)** with them to take pictures of their day (Although these cannot be used in the Houses of Parliament). Please ensure all cameras are clearly named.

The adults who will be accompanying the children on this trip will be: Mrs E Scott, Mrs R Sibbick, Miss B Boxell, Mrs R Hancox, Mrs S Winter and Mrs L Smith.

Our itinerary for the two days will be:

Thursday 28th March 2019

- ❖ 6.45 am Children arrive at Nine Acres and are registered
- ❖ 7.00 am Depart from school on coach
- ❖ 8.00 am Ferry leaves Fishbourne
- ❖ 12.30 am Expected arrival in London
- ❖ 12.40 am Lunch
- ❖ 1.30 pm London Eye Experience
- ❖ 3.00 pm Coach to pick up from London Eye and take group to Premier Inn
- ❖ 6.30 pm Pick up from hotel and take to Apollo Victoria Theatre.
- ❖ 7.30 pm Wicked the Musical starts
- ❖ 10.00 pm Coach to pick up from theatre and take to hotel



Friday 29th March 2019

- ❖ 8.00 am Breakfast at the hotel
- ❖ 9.30 am Coach to pick up from hotel and take to Science Museum
- ❖ 10.30 am Visit of the Science Museum
- ❖ 12.30 pm Lunch
- ❖ 1.30 pm Coach to pick up and take to Houses of Parliament
- ❖ 2.45 pm Tour of the Houses of Parliament
- ❖ 6.00 pm Coach to pick up from Houses of Parliament and take to ferry.
- ❖ 9.00 pm Ferry leaves Portsmouth
- ❖ 10.00 pm Expected arrival back at school.



The children will need to bring with them:

- A packed lunch and snacks for the ferry and services – no nuts or fizzy drinks please. (Children to bring their food in a rucksack, separate from their overnight bag)
- A packed tea for their evening meal
- Toothbrush and toothpaste
- Wash stuff, flannel, soap, towel and deodorant (roll on only)
- Pyjamas
- Clean underwear
- Waterproof coat
- Change of school clothes for the return trip if required
- Any medication that they may need, to be given to Mrs Smith by 27th March (including travel sickness tablets), along with a completed medical form.

Should you have any further questions, please do not hesitate to speak to your child's Year 5 teacher.

Yours sincerely,

Scott R Hancox

Mrs Scott & Miss Hancox



Parental / Legal Guardian Consent Form

EV3(i)

For use by all Schools and Youth Groups

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|--|----------|
| School/Youth Centre/Project NINE ACRES PRIMARY SCHOOL | |
| Journey/Visit to: London (Houses of Parliament & British Science Museum) | |
| From: 28/03/2019 to: 29/03/2019 | |
| Details of Journey: Children will travel to and from London by coach via the Wightlink ferry (Fishbourne - Portsmouth). They will stay overnight at Premier Inn, Hanger Lane. They will visit Houses of Parliament, London Eye, Apollo Victoria Theatre and British Science Museum. | |
| I agree to my son/daughter (name) (date of birth) Taking part in the above mentioned visit and, having read the information sheet agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. | |
| Medical Information: Does your son/daughter suffer from any condition/allergy, etc. requiring medical treatment, including medication? If YES, please give details | YES / NO |
| To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious. If YES please give brief details. | YES / NO |
| Is your son/daughter allergic to any medication? If YES please specify. | YES / NO |
| Has your son/daughter received a tetanus injection in the last five years? Please give date if known: | YES / NO |
| Please outline any special dietary requirements of your child. | |
| I undertake to inform the party leader as soon as possible of any change in medical circumstances between the date signed and commencement of the journey. | |

PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

DECLARATION

In the unlikely event of my son/daughter withdrawing from the journey I understand that I will be responsible for any costs that cannot be recovered by virtue of the insurance cover provided.

I understand that I am responsible for any damage or injury caused by my son/daughter during his/her time away, except accidental damage or injury, and fully indemnify the organiser of the journey in respect of any financial loss which may be incurred in this way.

I give my unconditional consent to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

In respect of trips outside the UK, I authorise the group leader to give whatever authority might be necessary should emergency dental, medical or surgical treatment be required by my son/daughter, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I consider my son/daughter to be capable of full participation.

I understand the extent and limitation of insurance cover provided.

Note: Details of the Insurance Policy in place can be obtained from the school office on request.

I may be contacted by telephone if necessary.

My Home Address is:

My Contact Telephone Numbers are:

Home:

Mobile:

Work:

If not available at above, please contact:

Name:

Address:

Telephone:

My Family Doctor is:

Name:

Address:

Telephone:

Signed (Parent/Legal Guardian):

Date: / /

*A copy of this form must be taken by the group leader on the activity.
A copy should be retained by the Home Base Contact*