

Ballakermeen High School



Chair of Governors: Mr Alex F Downie OBE
Head Teacher: Mr. Graeme Corrin BA (Hons) NPQH

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25th January 2024

Dear Parent / Carer

University Trip – 15th July – 18th July 2024

We are in the process of making arrangements for our annual university trip. Although tours are yet to be confirmed, it is likely that we will visit universities in the following areas:

Keele, Liverpool, Manchester, Leeds, Huddersfield, Sheffield, Nottingham, York and Lancaster.

We will have two coaches and students will have chosen in advance which universities they wish to visit. We advise our students to make sure that they visit all universities to which they are considering applying.

The total cost of the trip is in the region of £450. (Prices are based on 60 students attending so there may be a small increase to this cost if this is not filled). Included in this price is:

- Return travel from the Isle of Man by ferry
- Coach transfers
- Three nights' bed and breakfast accommodation and evening meals.
- Visits to various universities in the North West/North East and Midlands
- Insurance.

We will be staying in the Keele Halls of Residence, York University Halls of Residence and Lancaster University Halls of Residence. The only additional cost will be for refreshments and one evening meal on the return boat. We would suggest that your child takes at least £15 per meal, plus money for other refreshments. Students may also wish to bring money for shopping in Liverpool One.

If you would like your child to take part in this trip, please detach, complete and return the Reply Slip and the "Parent/ Carer Consent for an Educational Visit" form, with an initial deposit of £120.00 via ParentPay by 25th February 2024. Further payments will be due on or before the following dates, to be paid in full no later than 27th May 2024:

Thursday 28 th March 2024	£110.00
Friday 26 th April 2024	£110.00
Monday 27 th May 2024	£110.00

Payments can be made via ParentPay (University Trip 2024). Please email bhsenquiries@sch.im if you require access to ParentPay.

OUR VALUES:
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Kindness
Kenjallys

Honesty
Ynrickys

Respect
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If the trip fails to attract sufficient numbers, your deposit will be returned. When the numbers have been confirmed to ensure the trip will go ahead, your deposit will be non-refundable as it is used to secure the booking.

Staged payments may be required once the trip has been booked and additional charges may be incurred if you withdraw your child from the trip at a later date. Every attempt will be made to find a replacement to offset the cost, but this cannot be guaranteed.

Places are issued on a first come first served basis. Please note that a place will not be confirmed until the deposit has been received.

If you have any queries, please do not hesitate to contact me.

Yours sincerely



Richard Karran
Director of Sixth Form

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BALLAKERMEEN HIGH SCHOOL – University Trip 2024

Detach and return to the Foyer with your completed consent form, ensuring all fields are completed, by 25th February 2024

Reply Slip – University Trip - 15th July- 18th July 2024

Student’s name Tutor group.....

I wish my son/daughter to be considered for a place on the University Trip 2024.

I have paid a deposit of £120 via ParentPay and enclose the form “Parent/ Carer Consent for an Educational Visit”.

I understand that once a place has been confirmed, and deposits have been banked, they are non-refundable. Places are allocated on a first come first served basis.

By signing up for this trip I give permission for my child’s details to be shared with travel and accommodation providers as required.

Signed

(Parent/Carer) Date.....

FORM 'C'

DEPARTMENT OF EDUCATION

PARENT / CARER CONSENT FOR AN EDUCATIONAL VISIT

Establishment/Group: **Ballakermeen High School**

Details of Visit: University Trip 2023 – 15th to 18th July 2024

I agree to (**full name of student as on passport**) taking part.

FIRST NAME	MIDDLE NAME	SURNAME

Date of birth of student _____ (dd/mm/yy)

I have read the information sheet. I agree to my son/daughter's participation in the activities described.

I acknowledge the need for my son/daughter to behave responsibly throughout the visit.

1. Medical information about your child

a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b) Please outline any food allergies and/or special dietary requirements of Your child:

c) Any other allergies?

d) Any recent illness or accident staff should be aware of?

e) Can be given pain relief (ie paracetamol) YES / NO

For residential visits and exchanges only

f) 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 be contagious or infections? YES/NO

If YES, please give brief details overleaf:

g) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

h) Date of your son/daughter's last tetanus injection?
Month/Year

This date must be completed in order to ensure your child's place on this trip. Please contact your doctor's surgery to request the date of your child's last tetanus injection. If it is over ten years you will need to arrange a booster injection at your doctor's surgery and inform us of the date of the booster injection

i) For Watersports Trips Only - What is the swimming ability of your son/daughter?

Declaration

I agree 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. I understand the extent and limitations of the insurance cover provided.

2. Contact telephone numbers:

a) First emergency contact

Name _____ Relationship to student _____

Home: _____ Mobile: _____ Work: _____

Email: _____

Home address: _____

b) Alternative emergency contact

Name: _____ Relationship to student _____

Home: _____ Mobile: _____ Work: _____

3. Family doctor:

Name: _____ Telephone No: _____

Address: _____

4. Signed: _____ Full Name (capitals) _____

Relationship to student: _____ Date: _____