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Chair of Directors: J Wilson BA (Hons), PGCE, NPQH

22 April 2021

Dear Parents and Carers,

Year 11 Prom – Wynyard Hall 14 July 2021

I am writing to you regarding the arrangements for our Year 11 Prom at Wynyard Hall on Wednesday 14 July. However, this is based on current COVID restrictions being lifted following the government announcement on 21 June 2021.

The cost to include a meal, disco, and executive coach transport to the venue is £45.00, which is payable in full by Friday 21 May 2021. Coaches will leave St. Michael's at 6.30pm. On the return journey from Wynyard Hall, the coaches will make several drop off points before returning to St Michael's.

In order for your child to attend the prom please could you complete and return the attached Indemnity form along with your payment of £45 to Miss Bullock or Miss Coupe at student services.

Thank you for all your support, the students are showing a tangible positive intent. If this attitude remains the same, we are very optimistic for their results in the summer.

Yours sincerely,

A handwritten signature in black ink, appearing to read "T Hall", is written over a light blue horizontal line.

Mr T Hall
Pastoral Learning Manager – Year 11





Educational/Recreational Visits Parental Consent and Indemnity

Please complete this form as fully as possible. The completing of this form will not only consent the pupil stated below to attend and participate in activities as described in documentation from School, but also provide essential information in the event of an emergency. If you have any queries as to the nature of the activities or conduct of the visit please do not hesitate to contact School.

Pupil Name _____

Home address _____

Postcode _____

Home Telephone No _____

Mobile No _____

e-mail address _____

Details of Visit Year 11 Prom at Wynyard Hall

Date from 14.07.21 at 6.30pm Date to 14.07.21 till 11:45pm

I hereby consent to the attendance of my son/daughter on the above visit when the person in charge will be appointed by St. Michael's Catholic Academy. I also agree to his/her participation in any or all of the activities involved. I acknowledge the need for obedience and responsible behaviour on his/her part.

Medical Information

- Does your son/daughter suffer from any conditions requiring medical treatment?

Please specify YES NO

If YES please give brief details and describe the medication, dosage and frequency required:

I further consent to the giving of any such urgent medical or surgical treatment, including anaesthetic to my son/daughter, as considered necessary by the medical authorities present as a result of an emergency during the education/recreational visit.

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 or may become contagious or infectious?

Please specify YES NO

If YES please give brief details:

- Is your son/daughter allergic to any medication?

Please specify YES NO

If YES please give brief details:

- Has your son/daughter received a tetanus injection in the last five years?

Please specify YES NO

- If YES please give brief details:

- Please specify any dietary requirements for your son/daughter

Declaration

Please sign to acknowledge your agreement and consent. If you have any reservations or queries in connection with the educational/recreational visit please contact the group leader in charge.

In consideration of the person in charge of the visit agreeing to the inclusion of my son/daughter as a member of the visit, I hereby undertake to indemnify him/her and any other member of the visit against any reasonable expenses incurred on behalf of my son/daughter during the visit.

With reference to insurance cover my son/daughter will be covered for personal accident and loss, damage and theft of personal belongings through the school journey insurance taken out by School*.

SignedParent/Carer Date.....

**subject to limits and policy excess*

Please return the completed form to ...Miss Coupe or Miss Bullock at Student Reception