

6<sup>th</sup> December 2016



**THE  
HASTINGS  
ACADEMY**

Rye Road  
Hastings  
East Sussex  
TN35 5DN

T: 01424 711950  
F: 01424 719842

Dear Parent/Carer,

Part of the Hastings Academies Trust

**Paris Trip – 29<sup>th</sup> – 31<sup>st</sup> March 2017**

The Art and Modern Foreign Languages Departments are proposing a trip to Paris which will take place on Monday 29<sup>th</sup> March 2017 returning on Friday 31<sup>st</sup> March 2017. This trip will complement GCSE Photography and Language courses and will be led by Mrs. Pepper and Miss E McCallum.

We propose to leave The Hastings Academy in the early morning on 29<sup>th</sup> March by coach via Eurotunnel and then travel onto Paris. The cost of the trip will include return coach travel to Paris, Tunnel crossing, insurance, the cost of the collective passport, two night's half-board accommodation at a youth hostel near the city Centre and also visits to many of the notable sights in Paris such as the Eiffel Tower, Pompidou Centre, the Palace of Versailles and a trip down the Seine by River Boat.

The cost of this trip will be **£220.00** which comprises of an initial non-refundable deposit of **£60.00** followed by three further payments. Please see the attached payment schedule. **Please note that The Hastings Academy will organise a collective passport which means that students will not need an individual passport. It is vitally important that the enclosed passport form be completed fully and returned with the deposit, if you require a different form if your child was not born in the UK, then please advise the school.**

All students participating in the trip will need an individual European Health Insurance card (EHIC). The easiest and quickest way to obtain the EHIC card is by completing an online application which is free and quick to complete. The relevant website can be found at [www.ehic.org.uk](http://www.ehic.org.uk) and it contains a full explanation of the application process. Alternatively, you can contact the EHIC department direct on 0300 3301350. When you receive the EHIC card, it would be helpful if your child takes it with them on this trip. Please note if you make your application over the phone or online, you are covered for travel from the date of application, so do not worry if you have not received the card at the time of travel.

Students will require some euros for lunches, snacks and souvenirs and will be fully responsible for any money or personal items that they bring with them.

We anticipate that this will be a popular trip. To secure a place for your child on this trip, please complete the reply slip below, the attached medical consent form and the passport application form and return them to the Student Services office along with the deposit by **19<sup>th</sup> December 2016**. If you have any financial concerns meeting the deadlines please get in touch with the school. No places can be reserved without the completed forms and a deposit. Cheques should be made payable to The Hastings Academy. Your child will be issued with a payment card. Please note that this payment is non-refundable unless the trip is cancelled by the Academy.

This is a fantastic opportunity for GCSE photographers to practice their skills and take photographs for their coursework project in breath-taking locations and an excellent opportunity for GCSE linguists to practice and develop their speaking and listening skills and for all participants to broaden their cultural experience abroad.

Yours sincerely

Mrs. C Pepper  
MFL teacher

Miss E McCallum  
Head of Art



**Paris Trip – 29<sup>th</sup> – 31<sup>st</sup> March 2017**

Please detach and return to Student Services by **19<sup>th</sup> December 2016**

I give permission for Name \_\_\_\_\_  
to attend the trip to Paris 29<sup>th</sup> – 31<sup>st</sup> March 2017.

Tutor Group \_\_\_\_\_

**I enclose a deposit payment of £60.00 – cash/cheque.** (Please circle whichever is applicable) and confirm that I will make all further payments as per the given schedule. In the event of the trip being cancelled, refunds will be made by Bacs. **Cheques should be made payable to Hastings Academy.**

Signed: \_\_\_\_\_ Parent/Carer

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

[www.hasla.org.uk](http://www.hasla.org.uk) [thaoffice@hasla.org.uk](mailto:thaoffice@hasla.org.uk)

Interim Principal - Stuart Smith BSc  
Executive Principal - Jenny Jones BEd MA

Sponsors



**University of Brighton**



**PRIDE THROUGH SUCCESS**

Registered in England and Wales Company No. 7185046  
Registered office: HAT, Edinburgh Road, St Leonards on Sea, TN38 8HH  
Chairman: Professor C. Pole, Hastings Academies Trust



### **2017 Paris trip payment schedule**

<b>Payment no.</b>	<b>Amount</b>	<b>To be paid by</b>
1	£60.00	19 <sup>th</sup> December 2016
2	£60.00	8 <sup>th</sup> January 2017
3	£60.00	8 <sup>th</sup> February 2017
4	£40.00	8 <sup>th</sup> March 2017

It is important that the above payment schedule is adhered to. Failure to do so may result in the loss of your child's place on the trip. The amounts shown are the minimum, meaning larger instalments can be made or the total amount paid off sooner if desired.



**Collective passport nationality questionnaire and parental consent form for children born in the United Kingdom**

Name of school or organisation: .....

Name of child: .....Date of birth: .....

Town and country of birth: .....

Town of residence: .....

**1** Does the child hold a British passport, or have they been included on one of an older relative?

**Yes** – please fill in sections **2 and 4** and sign the declaration in section **5**.

**No** – please fill in sections **3 and 4** and sign the declaration in section **5**.

**2**

Passport number	Place of issue	Date of issue	Name of passport holder
..... ....	..... ....	..... ...	..... ....

**3** Does the child have a parent born in the UK or registered or naturalised as a British citizen (applied for British citizenship through the Home Office)?

**Yes**  **No**

If you have answered '**No**', please say if there were any restrictions on either the mother's or father's stay in the UK when the child was born. Please use the other side of this form to provide details.

**4** Name, place and date of birth of the mother:

.....  
.....

Name, place and date of birth of the father:

.....  
.....

Date of the parents' marriage: .....

If both parents named above were born after 31 December 1982 or were born abroad, we will also need the full name, town, and country, date of birth and date of marriage of the child's grandparents (or details of the parents' claim to British nationality). Please use the other side of this form to provide details.

**PTO**

5 I confirm that I:

- a have parental responsibility for the child named above;
- b give consent for the child named above to go on the above trip and be included on the collective passport; and
- c am not aware of any court order where the child named above cannot be removed from the United Kingdom, or where a third party (such as the other parent or guardian) or the court must give consent for the child named above to be removed from the United Kingdom.

Signature: .....

Relationship to child:

Date:                      Contact phone number:

**Who can give consent?** If a child's parents are married, either parent can give consent. If the parents were not married at the time of the birth (or when the mother became pregnant, for those living in Scotland), only the mother can give consent. However, the father can give consent if the parents then marry each other, or if the father has a parental responsibility order or agreement.

**Parental consent** either parent with parental responsibility can give consent. If someone acting as a guardian gives consent, they should send a letter explaining the circumstances. It should be supported by a letter from the head teacher or someone similar that is aware of the facts, confirming the circumstances.

**Child's change of name** If the child's name has changed since birth, the parent or guardian signing needs to confirm that everyone with parental responsibility is aware of and agrees to the change of name.

**Children in care** In all cases, we need a letter from the social services department. The letter must say what section of the Children's Act the child is in care under. For more advice, please call the Passport Adviceline on 0300 222 0000

If you have answered 'No', please say if there were any restrictions on either the mother's or father's stay in the UK when the child was born. Please use the other side of this form to provide details.

## Student Information/Medical Consent Form for Hazardous, Overseas and Residential Trips

A separate form is required to be completed for each individual hazardous, overseas or residential off-site activity or trip.

Student's Name:	Tutor Group:
-----------------	--------------

Date of Birth:	Gender:	Home telephone number:
----------------	---------	------------------------

Current Address:
------------------

National Health Number:
-------------------------

I have ensured my child understands that it is essential for his/her safety and for the safety of the groups that any rules and instructions given by the staff in charge are obeyed. He/she knows not to take any unnecessary risks and to be aware of anything that might hurt or threaten him/herself or another person. He/she will not have anything such as weapons, cigarettes, tobacco, matches, lighters, drugs, alcohol and fireworks in his/her possession and he/she will not smoke, drink alcohol, take drugs or gamble. He/she knows to respects other people's property and possessions. I agree to pay any additional costs incurred if my child has to be sent home due to his/her poor behaviour.

In the event of any images of my child being taken, I consent to them being used in academy presentations, displays, booklets, newsletters, website or publicity. <i>(delete if necessary)</i>	Yes/No
--	--------

<p><i>For trips that involve swimming:</i></p> <p>I give / do not give permission for my child to go swimming.          He/she is very skilled / skilled / unskilled / very unskilled in this activity. <i>(delete as appropriate)</i></p>
--

My child has the following dietary requirements:
--

<p><i>For students in receipt of Free School Meals only:</i></p> <p>My child will / will not require an academy packed lunch. <i>(delete as appropriate)</i></p>
--

He/she has the following illnesses, allergies *(e.g. to elastoplasts, penicillin, foods etc.)* and/or disabilities:

I will include any special treatment for these illnesses, allergies and/or disabilities at the end of this form.

His / her Doctor has prescribed:

Name of Drug or Medicine	Dosage	Frequency/when <i>(e.g. after food)</i>

I request that a responsible member of academy staff supervises my child taking their drugs or medicine and that they complete and sign a record of administration. I will supply the group leaders for each visit /activity with the drugs or medication in properly labelled containers.

Doctor's Name:	Doctor's Telephone Number:
----------------	----------------------------

Doctors' Address:
-------------------

In the event of my child being taken ill or injured during an activity/and/or visit to the extent that emergency treatment becomes necessary, I authorise a member of the academy staff to sign on my behalf any written consent as required by the medical authorities. The member of academy staff concerned will make all reasonable efforts to contact me first.

My child was immunised against tetanus on _____	<i>Delete as necessary</i>
My child has not been immunised against tetanus.	

24 hour Emergency Contact	
1 <sup>st</sup> Contact Name:	Relationship with child:
Telephone Number (work)	Telephone Number (home)
Address:	
2 <sup>nd</sup> Contact Name:	Relationship with child:
Telephone Number (work)	Telephone Number (home)
Address:	

If there is anything else you feel the group leaders need to know about your child, please include it here:

In the last three months or longer if appropriate, my child has suffered from the following allergies, medical conditions or infectious diseases.

Signed: _____ (Child's Parent/Carer) Date: _____
--