



March 2019

STEM TRIP TO DISNEYLAND (17th-20th November 2019)

Dear Parent/Carer,

The Science Department is pleased to offer the opportunity for your son/daughter to take part in a STEM science trip to Disneyland Paris from Sunday 17th November until Wednesday 20th November 2019. The trip includes a seminar and creative workshop held within the classrooms and facilities on the park. Some of the topics covered will include:



- Forces and laws of motion;
- The human body and its ability to cope under different stresses;
- Properties of material

The trip costs £400 and price includes transport, food (except lunch), accommodation, all activities and a 2-day pass to the theme park. A minimum deposit of £75 will be required to secure a place. There may be the possibility of financial support given to eligible students. If you wish to enquire about this please feel free to contact me.

Should your child wish to be involved, a non-refundable deposit of £75 is needed to secure a place and must be returned with the attached consent form to Mrs Johnstone, by Wednesday 18th March 2019. To help with affordability, the school is able to facilitate a staggered payment plan as follows:

Principal: Mrs S J Lees MA (Oxon) NPQH

ASHFORD ROAD, TENTERDEN, KENT TN30 6LT • Tel: 01580 764222 Fax: 01580 766267 Email: info@homewood.kent.sch.uk

www.homewood-school.co.uk

Homewood School & Sixth Form Centre is a trading name for Tenterden Schools Trust, a charitable company limited by guarantee registered in England and Wales (registered No. 07736448). Registered office: Ashford Road, Tenterden, Kent TN30 6LT





Contribution	Amount	Due date
Deposit	£75	18.03.19
1st instalment	£50	30.04.19
2nd instalment	£50	30.05.19
3rd instalment	£50	30.06.19
4th instalment	£50	30.07.19
5th instalment	£50	30.08.19
6th instalment	£50	30.09.19
Final instalment	£50	30.10.19

There is a maximum number of 32 places (16 girls and 16 boys), so in the case of oversubscription a place on the trip may not be available.

Students will be required to purchase their own lunch on site, and we request that they bring no more than £50 in order to do so. They will be permitted to bring some food with them should you prefer.

Further details including contacts for the event, departures/arrivals and the kit list will be supplied closer to the time. If you have any queries about the visit please do not hesitate to contact me l.johnstone@homewood.kent.sch.uk or via the main school telephone number.

Yours faithfully,

Mrs Johnstone

STEM coordinator

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CONSENT FORM FOR PARTICIPANTS UNDER 18 YEARS ON AN OFFSITE VISIT (Please write clearly)

Centre/Project/Organisations: Homewood School and Sixth Form Centre

Visit to: Disneyland Paris

Date and Time: From: *Sunday 17th November until Wednesday 20th November 2019.*

I agree to (full name) _____

Date of Birth: _____ taking part in this visit/trip/programme.

I agree to the above named person taking part in the specific activities described below:

- Any authorised activities provided by Homewood School and Sixth Form Centre
- Travel by coach and ferry
- Overnight stay in the Hotel Cheyenne Disneyland Paris
- Theme Park Activities
- Curriculum Activities
- Any activities provided by Disneyland Paris or Study Experiences

Medical information about your son/daughter

My son/daughter is in good physical health and I consider him/her fit to participate. **YES/NO**

Do they have **ANY** conditions requiring medical treatment, including medication? **YES/NO**

If **YES** please give brief details:

Is your son/daughter allergic to any medication/food/nuts/bee stings, etc?

If **YES**, please give details:

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Travel

Seatbelts are provided on the coach, which must be worn in the correct manner on all journeys.

I understand that Kent County Council does NOT provide personal accident cover.

Does your child suffer from claustrophobia or is uncomfortable in confined spaces? **YES/NO**

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 qualified medical authorities present.

I agree that my son/daughter will be expected to participate in all the activities listed on this form.

Do you give permission for the administration of paracetamol if required?

YES / NO (PLEASE DELETE AS APPROPRIATE)

Contact telephone number:

Home: _____

Work: _____

Emergency contact - if different from above:

Full name (Please print): _____

Address: _____

Signed: _____

Date: _____

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