



RAVENOR PRIMARY SCHOOL

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Head Teacher: Mrs. L Lobo

Deputy Head Teacher: Ms. L Wright

Dear Parents/Carers of Year Six pupils,

Re: Residential visit to Phasels Wood, Hertfordshire.

I am excited to inform you that on Wednesday 3rd July 2019, Year Six pupils will be attending their 3 day camping residential visit to Phasels Wood. It is a great way to celebrate the hard work and achievements of the children throughout their time at Ravenor Primary School. It is our hope that ALL of our Year Six children have the opportunity to participate in this valuable experience. I understand that for many parents this may be the first time that their child has stayed away from home, and I am happy to discuss how we can support your child and yourself with this new experience. We will be setting up a payment system which will allow parents to pay instalments throughout the year, cumulating the full amount of £140.00 by 12th April 2019. Please arrange a meeting with me if you would like to discuss this further.

Over the past few years, we have worked closely with Ian Richardson, director of Ace Adventures Development, the company that provides adventure days and camping experiences for children. The children in Year Six had a tremendous time when they camped for 2 nights at Phasels Wood last year. The children developed their confidence in being independent and had the opportunity to co-operate and work with others.

The overall cost of this experience will be **£140.00 per child**. This includes the cost of the travel, the team of instructors, the tents, the activity equipment and the food.

How would the camping experience work?

The experience will take place at Phasels Wood, Hertfordshire and will **begin on Wednesday 3rd July 2019** in the morning and continue **until Friday 5th July 2019** in the afternoon, which is when the children return back to school. Below is an outline of what your child could experience during the camping visit.

Wednesday - Friday

The children will:

- Set up the campsite on the field (equipment provided by Ace Adventures Development).
- Menu plan with budget setting for all meals.
- Help with food preparation and serving (breakfast, lunch and dinner).
- Enjoy a host of exciting team building activities.
- The day will end with some evening activities and a campsite fire.

Overnight:

The children will sleep in the tents overnight. Adults will be on duty overnight to ensure the safety and comfort of the children.

Families will collect their children at 3.30pm on Friday 5th July from school.

Payment options

The overall cost of this experience is **£140.00 per child**. This includes the cost of the team of instructors, all camping and activity equipment, food and transport.

There are **two payment options** for this experience:

1. Make one full payment of £140.00 online.
2. Make payments via instalments as suggested in the plan outlined below.

Suggested Payment Plan Option

Weeks	Dates w/c	Payments	Total Paid
Payment One	5 th November 2018	£40.00 non-refundable deposit	£40.00
Payment Two	3 rd December 2018	£20.00	£60.00
Payment Three	7 th January 2019	£20.00	£80.00
Payment Four	4 th February 2019	£20.00	£100.00
Payment Five	4 th March 2019	£20.00	£120.00
Payment Six	15 th April 2019	£20.00	£140.00

What do you need to do next?

Please complete the slip below along with **the attached SV7 form and return these to your child's class teacher by 5th November 2018**. Please also indicate which payment option you will be choosing and then **pay the non-refundable deposit of £40 using the online payment system**.

Details regarding the kit list and other key information will be given out closer to the date of the camping experience.

If you have any further questions regarding this camping experience, please do not hesitate to contact me.

Yours sincerely,

Miss Cobb
Alder Class Teacher
Year 6 Leader

Year Six Camping Experience

Date: **Wednesday 3rd July 2019 – Friday 5th July 2019**

Attendees: **Year Six Pupils**

Pupil Name: _____

Class: _____

I/We give permission for my child to attend the 3 days/ 2 nights residential camping experience

I/We have made a full payment of £140.00

I/We will pay in instalments.

I/We have completed the attached SV7 FORM

I confirm that I will collect my child from school at 3.30pm on Friday 5th July 2019.
Please note that children will not be permitted to walk home unaccompanied.

Parent Name (Print): _____

Contact number 1: _____

Contact number 2: _____

Signature: _____

Date: _____

Form **SV7**

PARENTAL CONSENT FOR A SCHOOL VISIT

Group: Year 6

1. Details of visit to:

3 days/ 2 nights residential camping experience to Phasels Wood, Hertfordshire

From: Date: Wednesday 3rd July 2018 – Friday 5th July 2018

I agree to _____ (name) taking part in this visit and have read the information sheet. I agree to his/her participation in the activities described. I acknowledge the need for him/her to behave responsibly.

2. Medical and dietary information about your child (please complete all sections)

a. Does your child have any conditions requiring medical treatment, including medication?

YES/NO

If YES, please give brief details. For medication, include details of dosage, and ensure that your child brings a supply of this medication on the visit.

b. Please outline any special dietary requirements of your child.

c. Please outline any special type of pain/flu relief medication your child may be given if necessary:

d. Is your son/daughter allergic to any medication?

YES/NO

If YES, please specify:

e. When did your son/daughter last have a tetanus injection?



f. Name, address and telephone number of family doctor.

5. Parental Declaration

- 5.1 I would like my child named above to take part in the specified visit and, having read the information provided, agree to him/her taking part in the activities described.
- 5.2 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.
- 5.3 I confirm that my child is in good health and I consider him/her fit to participate.

Signed: _____ Date: _____

Full name of parent/guardian: _____

Telephone numbers

Mobile/s: _____

Home: _____ Work: _____

Home address
