

# LEYBOURNE SS PETER & PAUL CEP ACADEMY

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Headteacher: Tina Holditch

Rectory Lane North

Leybourne

West Malling

Kent ME19 5HD

Tel: 01732 842008

Fax: 01732 842009

Email: [headteacher@leybourne.kent.sch.uk](mailto:headteacher@leybourne.kent.sch.uk)

[www.leybourne.kent.sch.uk](http://www.leybourne.kent.sch.uk)

14<sup>th</sup> October 2019

Dear Parents,

## Re: Hardelot France 2020

I am pleased to confirm that we have now booked the Hardelot residential centre for two nights from Wednesday 8<sup>th</sup> July to Friday 10<sup>th</sup> July 2020.

The cost will be £254.00 per child, including spending money and **a non-refundable deposit of £25.00 is due by Monday 4<sup>th</sup> November 2019**. Our preferred method of payment is on line via Schoolcomms, you can also pay by cash or cheque (payable to Leybourne School).

We confirm that the price includes a coach to and from Leybourne, travel on the Eurotunnel, overnight accommodation at the Hardelot Centre, meals from Wednesday evening to Friday lunch (the children will need to bring a packed lunch on the first day) and all the activities, visits, 10 Euros in spending money and travel insurance. Planned activities include a trip to a farm, where the children will learn how to plait wheat and make bread, plus visits to a goat farm, a sweet factory and a trip to Etaples Market.

Our suggested payment dates are as follows, although you will be able to make payments at any times convenient to you providing the full amount is paid by **Friday 3rd April 2020**.

£25.00	Non refundable deposit	By Monday 4 <sup>th</sup> November 2019
£45.00	Interim payment	By Monday 9 <sup>th</sup> December 2019
£45.00	Interim payment	By Monday 6 <sup>th</sup> January 2020
£45.00	Interim payment	By Monday 10 <sup>th</sup> February 2020
£45.00	Interim payment	By Friday 6 <sup>th</sup> March 2020
£49.00	Final payment	By Friday 3 <sup>rd</sup> April 2020

These are suggested instalments, we do need to have the initial **non- refundable £25.00 deposit and consent form returned by Monday 4<sup>th</sup> November 2019**. If at any time your circumstances change and you need a longer period of time to make the payments please speak to either myself or Mrs Hardy in confidence.

We will be sending out receipts for each payment via Schoolcomms and should you wish to know the balance outstanding at any time, the school office will be happy to let you know this information.

We will have a parents meeting nearer the time to give you additional information about the residential visit. If in the meantime you have any questions please let us know.

*If you are likely to experience difficulty in meeting the full cost of the trip, please do speak to me in confidence. We are keen that no child should miss out due to financial worries, particularly given the current economic climate.*

Kind regards

Tina Holditch

**Year 5 Hardelet Centre Residential Visit**  
**Wednesday 8th July to Friday 10<sup>th</sup> July 2020**

I wish my son/daughter \_\_\_\_\_ (name of child) Class \_\_\_\_\_

to take part in the above-mentioned school trip and, having read the information sheet, agree to his/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

The deposit payment of £25.00 has been made by Schoolcomms / Cash / Cheque (payable to Leybourne School) please delete as appropriate.

Date of Birth:            /            /

Name of own Doctor:

Doctor's Address:

Please complete the following as is appropriate and cross out the statement which does not apply.

My child has no illness, allergy or physical disability

My child has the following illness, allergy or physical disability which necessitates the following medical treatment:

\_\_\_\_\_

I consent to any emergency medical treatment necessary during the course of the visit.

Address

\_\_\_\_\_

\_\_\_\_\_

Telephone contact numbers for the duration of the trip

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

If not available at the above, please state an alternative contact person and number.

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Signed \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_