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September 2024

Headteacher - Patrick Earnshaw Deputy Headteacher - Mathew Downs Assistant Headteacher (Head of Sixth Form) - Lisa Swan

Dear Parents/Guardians,

I am delighted to be able to offer Citizenship and Politics students in both KS4 and KS5 the exciting opportunity to attend a visit to the Houses of Parliament and the Supreme Court in London on Tuesday 19th November 2024. The aim of this trip is for students to learn and experience political life within the centre of our political system and further their knowledge in line with the Citizenship GCSE and Politics A Level Courses.

We will depart from school at 7:15am by coach, and travel to Parliament Square in central London with the hope to arrive around 10:30am. We will then have a tour around the historic centre of London including a visit to the Supreme Court before having lunch in Parliament square (Students will need to bring a packed lunch/snack and drink with them). We will then visit the Houses of Parliament where we have sessions booked with the educational team. We aim to be back on the bus at around 5.00pm, then drive back to Highcliffe with an estimated arrival time of 7.00pm. This will be dependent on traffic.

Students can wear non-uniform but please ensure your child wears suitable clothing in line with the school's mufti-day policy.

The total cost of the trip is £27.00. Payment should be made using the school's online Wisepay facility. Please make a note of your Wisepay receipt reference, as you will need to provide this on the attached slip/consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment. This will be a valuable experience, which I am sure your child will find of great benefit to their studies.

Please could you make the payment on Wisepay, and complete and return the consent slip and medical form to me no later than Friday 4th October 2024.

Yours faithfully,

Mrs Coffin

Head of History, Citizenship and Politics















PARENTAL CONSENT FORM  (for children and young people under the age of 18)			
Event: Houses of Parliament		Date: Tuesday 19 <sup>th</sup> November 2024	
Student Name:			
MEDICAL / EMERGENCY CONTACT INFORMATION			
PRIMARY EMERGENCY CONTACT DETAILS		ALTERNATIVE EMERGENCY CONTACT DETAILS	
Name of contact:		Name of contact:	
Contact telephone number:		Contact telephone number:	
Relationship to student:		Relationship to student:	
STUDENT'S MEDICAL INFORMATION  Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip			
Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	YES / NO
If the answer to any of these questions is YES, please give details:  TRIP PAYMENT - All trip payments are to be made using WisePay			
I have paid using WisePay and my reference number is			
CONSENT DECLARATION			
I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.			YES / NO
I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip.			
I give consent for my child to be photographed during the event and for these photographs to be used in school media.  YES / I			YES / NO
Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.			YES / NO
Signed:	Print Name:	Date:	