



16th April 2018

Dear Parent/Carer

I am writing to you regarding the **Year 6 Glanllyn Residential 2018**. In order to smooth the transition from the Primary School to Secondary at Ysgol Treffynnon, we are preparing for our annual Year 6 Residential. This year, we are once again going to Glanllyn in Bala, which has been a great success over a number of years (visit <http://www.urdd.org/en/glan-llyn>).

The residential continues to provide a valuable opportunity for students to get to know each other, their form tutors, Lead Teacher and Director of Learning. Teachers from some Primary Schools will also be present to enhance their feelings of security. It is intended to be a fun learning experience where the children will have the opportunity to undertake unusual and exciting activities in order to acquire new skills and learn about themselves.

The **Year 6 Residential at Glanllyn will depart on Wednesday 27th June 2018 and return on Friday 29th June 2018**. In previous years the residential has made an extremely positive difference to the Year 6 transition into Year 7. It embeds students' sense of belonging, security and relaxation in their first few weeks here at Ysgol Treffynnon; enabling a more effective start to their learning.

During the residential a wide variety of activities will be available from rock climbing and kayaking to ten pin bowling and raft making. As in previous years we are sure everyone will have a very enjoyable experience. Under the guidance of their Form Tutors the groups will do a variety of 'team building' challenges that will enable them to work together to develop both skills and confidence.

The cost will be £145 per child which will cover two nights' accommodation, all meals, activities and transport to and from Glanllyn. In the first instance we ask that you pay a deposit of £10 (non-refundable) by **Thursday 3rd May 2018** in order to secure a place on the Residential for your child. I have attached the school visit consent form to be completed and returned to your Primary School with the deposit.

The final payment for Glanllyn will be required by Monday 11th June 2018.

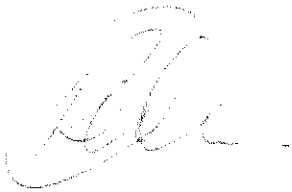
Parents have the opportunity to pay in regular instalments to their child's primary school to ease the financial burden.

Regrettably the Local Authority's Remission Policy no longer exists. However, Ysgol Treffynnon is committed to supporting pupils and families to ensure that all pupils have the opportunity to engage in exciting and valuable experiences. Therefore, parents who are eligible for free school meals at the time of the visit will qualify for assistance towards board and lodgings. If you qualify for this assistance then the £10 deposit will be the only payment that is needed. If you require any further information, please contact Lynette Evans at the school.

I sincerely hope that your child takes up this fantastic experience and I look forward to meeting them on this Year 6 Residential. I have attached a reply slip to this letter asking you to indicate whether you are willing for your child to attend the residential. If you have any further questions relating to the Year 6 Residential, please contact Ysgol Treffynnon or talk to the Headteacher at your Primary School.

Thank you very much for your support as always.

Yours faithfully



Mr Rob Chesters
Director of Learning (Care, Support & Guidance)

Parent/carer consent

Non-routine visits



To be distributed with an information sheet/letter giving full details of the visit

School/establishment: Ysgol Treffynnon

Visit/activity: Year 6 Transition Residential 2018

Venue: Glanllyn, Bala

Date(s): 27th – 29th June 2018 inclusive

Your child's name

Form/Class (if relevant)

Medical and dietary

a) Does your child have any physical or behavioural condition that may affect him/her during the visit?

YES/NO

If YES, please give details:

b) Please give details of any allergies:

c) Please give details of any special dietary requirements of your child:

d) Please detail any recent illness or accident suffered by your child that staff should be aware of?

e) Please list any type types of non-prescription medication or lotions your child **may not** be given:

f) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?
YES/NO

If YES, please give details:

h) When did your son/daughter last have a tetanus injection?

Water confidence/swimming ability

Please indicate your child's swimming ability:

Cannot swim <input type="checkbox"/>	Able to swim a little in a swimming pool <input type="checkbox"/>	Able to swim confidently in a swimming pool <input type="checkbox"/>	Able to swim confidently outdoors (e.g. lake, river or sea) <input type="checkbox"/>
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Your contact details

Telephone [enter details below]
Home:
Work:
Mobile:
Home address

Alternative emergency contact

Name:
Telephone:
Address:

Family doctor

Name:
Telephone:
Address:

Declaration

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.
- In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that the school/establishment may use activity images for promotional or publicity purposes
- I understand the extent and limitations of the insurance cover provided.

FULL NAME OF PARENT OR CARER (print please):

SIGNED:

DATE:

TO BE COMPLETED BY PARTICIPANT:

I understand that for the safety of the group and myself I will undertake to obey the rules and instructions of members of staff.

SIGNED:

DATE:
