



THE ARNEWOOD SCHOOL

Working Together - Shaping Tomorrow

Gore Road, New Milton, Hampshire, BH25 6RS

Tel: 01425 625400

Fax: 01425 625425

enquiries@arnewood.hants.sch.uk

www.arnewood.hants.sch.uk

15th March 2024

Dear Parent/Carer

Re: Year 7 Paulton's Park Visit – Friday 17th May 2024

I am writing to offer students in Year 7 a fun day out at Paulton's Park on **Friday 17th May 2024**. As the end of their second term at Arnewood approaches, I am proud to say I've been impressed with how the students have grown and developed through the year and believe a pastoral day out will enhance this further.

The cost of the trip will be **£27** which includes transportation and entrance to the theme park. Students will need to bring a packed lunch with them on the day, but any students entitled to free school meals will be able to collect a lunch pack from the school canteen on the morning of the trip. Please indicate on the reply slip below if your child will require this.

We will be departing school by coach at approx. **9.00am** on the morning of 17th May and return at approximately **6:00pm** the same day. Students will be allowed to go around the park and on the rides during the day in groups of 4 or more and staff will be located around the park during the day in case of problems and emergencies. Additionally, students will be expected to 'check in' with a member of staff at key times. Please indicate on the reply slip below that you are happy for them to use the rides independently. Some rides are height restricted and Paulton's Park staff will retain the right to refuse permission for students to ride.

We hope and believe that our students will represent our school well and behave in a safe and appropriate manner during the day. Should we receive reports that this is not the case, however, we will expect the student(s) to remain with us for the rest of the day. We hope as many of the year group as possible will be able to participate as this will be a great team building day out, but we retain the right to refuse a place on the visit if a student's behaviour record in school indicates that it may not be safe to take them on this type of visit. There are 100 places available on the visit. If oversubscribed, the places will be allocated on a fair and equitable basis.

If your child has a medical condition/disability, please ensure that they would not be travelling on this school visit against doctor's advice. May I also take this opportunity to remind you to keep the school informed of any changes to contact numbers and medical information pertaining to your child as these will be used for information on the day of the visit. You can view and update your child's details via the Arbor Parent Portal, a link to which can be found on the school website, or via the mobile Arbor App. If you would like any support with this, please contact our IT Helpdesk on 01425 625 431.

Please complete and return the reply slip enclosed with this letter and return it with the payment of **£27.00** as soon as possible, no later than **Wednesday 17th April** if you wish your child to participate in this visit. Should you require any further information please do not hesitate to contact me at the School.

Yours faithfully

Mrs J Timmis
Head of Year 7



Reply Slip - Please return to the Finance Office by Wednesday 17th April

Re: Year 7 Paulton's Park Visit – Friday 17th May 2024

Student's Name: Tutor Group:

I would like my child to take part in the Year 7 visit to Paulton's Park on Friday 17th May 2024.

I enclose a non-returnable payment of £27.00. (Cheques should be made payable to The Arnewood School, with the student's name, tutor group and event on the reverse.)

* My child is entitled to a free school meal and would like to collect a lunch pack on the day of the visit

* I am happy for my child to go on the rides and move around the park without direct supervision from a member of Arnewood staff.

(*Please delete as appropriate)

My child will be collected from school by:(named adult).

I undertake to keep the school informed of any changes in contact numbers or medical information pertaining to my child.

Signature: Date:
Parent/Carer