



4 December 2015

Dear Parent/Guardian

Year 10 St. Ives Art Trip - 27 – 30 June 2016

I am writing with reference to a proposed Art field trip to St. Ives; leaving School on the Monday morning and returning early evening on the Thursday. The visit would take place over the four days and three nights, staying at the 'Cohort Hostel', in the centre of St. Ives.

The purpose of the visit is central to the theme 'Coast', which will be the theme for the Art GCSE student's timed, Coursework Portfolio.

Many artists live in or near St. Ives and all students will have the opportunity to visit the many galleries in the small side streets, as well as visit the Tate St. Ives and Barbara Hepworth's Studio and Sculpture Garden. St. Ives is well renowned for artists who lived and worked there, such as Patrick Heron, Peter Lanyon, Ben Nicholson, Terry Frost, William Scott and Barbara Hepworth. Students will not only have the opportunity to see their works, but also familiarise themselves with the beautiful surrounding area which so richly inspired these artists, as well as emerging contemporary artists such as Kurt Jackson, Roy Ray and Jenny Woodhouse.

The cost of this trip is **£165** which will include travel by minibus, three nights' accommodation, insurance, breakfast, packed lunch and evening meals. As the School cannot fund the visit I would be grateful if parents could make the appropriate contribution. No pupil will be barred from the trip on account of non-payment, but if total payments do not cover the cost of the trip then it will have to be cancelled. This trip is however an essential part for all Year 10 students' Coursework Portfolio.

A major part of the trip will involve making a substantial number of visual responses to the area around St. Ives; Students must bring a sketchbook with them, which is to be their visual diary for the duration of the trip. Cameras are also strongly recommended, as students will be asked to explore a wide range of approaches associated with the given theme. These will include not only seascapes, but also:

- Shells, fish, molluscs, seaweed ...
- Beach huts, local buildings ...
- Harbours, boats, fishermen...
- Deck chairs, people, seagulls, picnics, ice cream, rock...
- Patterns in rocks, sand ...
- Fishing, rock pools ...

Further information regarding the trip will be made available after the initial deadline

Dates	Times	Cost	Requirements
From: 27 June 2016	Leaving: 9am	Deposit: £80	
To: 30 June 2016	Returning: c. 6pm	Balance: £85	

Please provide a **non-refundable deposit of £80** by the deposit deadline **Thursday 25 February 2016**. The second instalment of **£85** will be requested by the end of May.

PAYMENTS:

Please pay online via: www.scopay.com. If you need a link code please email amh@bws.wilts.sch.uk (link codes are only needed for online account set up)

No pupil will be barred from the trip on account of non-payment, but if total payments do not cover the cost of the trip then regrettably it will have to be cancelled.

Your son will be covered by the school's insurance during this trip; a copy of which is available on the school website. Please ensure that we have current emergency contact details and details of any medical conditions and that your son takes all necessary medication with him on this trip.

Yours sincerely

Kate McLaren
Head of Art
km@bws.wilts.sch.uk

BWS - EDUCATIONAL VISIT & ACTIVITY PARENTAL CONSENT & INDEMNITY FORM 4

*This form is only required for **Overnight Visits**. When completed by parents of SWGS girls who are attending BWS-led joint visits, the word 'son' shall be deemed to mean 'daughter'.*

NAME OF TRIP			
DATE OF TRIP			
FULL NAME OF CHILD		TUTOR GROUP	

Details of Journey/Visit:

Journey/visit to

From		To

I agree to my son taking part in the above trip. I have read the information sheet attached and agree to him participating in all of the activities described.

I acknowledge the need for my son to behave responsibly and to obey instructions given by staff at all times and I agree to indemnify the School and/or staff against any uninsured loss or expenses incurred as result of my son's misconduct or gross negligence, or reasonably incurred on behalf of my son during the trip.

MEDICAL INFORMATION

Does your son suffer from any conditions requiring medical treatment, including medication?

If yes, please give details:-

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Does your son have any other conditions which the staff should be aware of, such as bed wetting, severe homesickness or sleep walking?

If yes, please give details:-

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To the best of your knowledge, has your son been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?

If yes, please give details:-

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Has your son received a tetanus injection in the last five years?

If yes, please give date:-

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Is your son allergic to any medication?

If yes, please give details:-

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Please outline any special dietary requirements or food allergies of your son:-

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I agree for my son to be given the following medication if required:

Paracetamol	Yes	No	
Ibuprofen	Yes	No	
Imodium	Yes	No	
Rehydration sachet	Yes	No	

DECLARATION

I undertake to inform the Head Master as soon as possible of any change in medical circumstances between the date signed and the commencement of the journey.

I agree to my son receiving such emergency medical treatment, including :-

Anaesthetic as considered necessary by the medical authorities present.

Yes	No
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If the trip/activity is to be covered by the Schools' policy, a summary of cover is available from www.bws-school.org.uk under Parent Portal / Useful Documents. On the occasions that the cover is provided by a third party organisation, a copy of the insurance cover provided will be made available by the trip leader.

I understand the extent and limitations of the insurance cover provided

Yes	No
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CONTACT INFORMATION FOR THE PERIOD OF THE TRIP/ACTIVITY

Home Address	
Work Telephone No.	
Home Telephone No.	
Email address	

Please provide an alternative contact if you are not available

Name		Relationship	
Telephone No.			
Address			

Signed by
PARENT/GUARDIAN

Please Print Name		Date	
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**Please return to Mrs N Miles, School Secretary & Head Master's PA
Bishop Wordsworth's School, Exeter Street, Salisbury SP1 2ED**

A copy of this form will be taken by the leader of any offsite trip or activity.