

5 November 2018
Ref: 181026/CSt/HWi

Dear Parent / Carer

YEAR 10 GEOGRAPHY FIELDWORK – SPRING 2019

Geography fieldwork is an important way for students to build on classroom learning. It is a requirement of the AQA Geography GCSE course that all students carry out fieldwork in two contrasting environments. While there is no longer any controlled assessment or coursework as part of the GCSE Geography course, students will be tested on their understanding of fieldwork skills as part of their terminal exams in Year 11. Fieldwork completed in the spring term will be followed up in the summer term of Year 10.

We are offering two different options for students to gain geographical skills through fieldwork. **All students must choose one of these options:**

Option 1	Residential trip to Scarborough
Dates	Wednesday 3 rd April – Saturday 6 th April 2019 inclusive
Cost	£175 (incl. accommodation, meals, etc. More details to follow)
Details	Students will carry out all fieldwork required, including a visit to Birmingham on the way for an urban study, a river study and a coastal study. Please note that numbers for this option are limited. In the event that more students want to go on this trip than we can accommodate, names will be drawn out of a hat on Monday 26th November.

Option 2	Two day trips (Birmingham and Ashes Hollow in Shropshire)
Dates	Ashes Hollow (river study) Tuesday 9 th and Thursday 11 th April 2019 Birmingham (urban study)
Cost	£23 voluntary contribution (total cost for both day trips)
Details	2 separate day trips, leaving school at approximately 8.30am and returning by 5pm


The cost of the day trips is voluntary, however if we do not receive enough contributions we may have to cancel and if this situation should arise, all contributions already received will be returned. Any family unable to make the payments of a voluntary contribution trip should apply for financial assistance; application forms are available on the school website or from Student Services. If you wish to discuss this further, please contact the Pupil Premium and Student Support Manager Mr. Heath.


Please return all reply slips by **Friday 23rd November** to enable us to confirm which option your child will participate in. We will confirm places shortly after this date when more detail will be sent about payment details etc. A deposit for each trip (£50 for Option 1 or £10 for Option 2) will be required by Wednesday 5th December and full payment by early February.

Stratford upon Avon School

Mr N Wallace – Headteacher
Alcester Road, Stratford upon Avon
Warwickshire, CV37 9DH

 www.stratforduponavonschool.com

 01789 268051

 [@strauponavonsch](https://twitter.com/strauponavonsch)

 staff@stratfordschool.co.uk



Please note that full trip payment refunds are not guaranteed in the event of a student being unable to attend a trip. Whilst appropriate efforts will be made to replace a student who withdraws from a school trip, this may not prove possible. Even where it is possible, the school will have incurred a range of expenses connected with the arrangements, the withdrawal, and the charges for delegate changes. Such expenses will increase as we get closer to the trip departure date; it is for this reason that a full refund will not be made.

We reserve the right to withdraw a student from the trip if we believe their behaviour would have a detrimental effect on the rest of the party, or that their own safety and welfare may be at risk. We would endeavour to find a replacement student and then all monies may be refunded. If, however, we were unable to find a replacement, the initial payment and any incurred cancellation charges would not be refunded.

Please could you complete the consent form below and attached OSA2 medical form and return these to Mrs. Stacey in the Humanities Office (S20) by Friday 23rd November.

Please do not hesitate to contact me if you have any further questions.

Yours faithfully



Mrs C. Stacey
Curriculum Leader, Geography

✂

YEAR 10 GEOGRAPHY FIELDWORK – SPRING 2019

*Please return to Mrs Stacey by **Friday 23rd November***

Please indicate which option you would prefer:

- Option 1:** I would like my child to be considered for the Scarborough residential trip, but understand that numbers are limited (if they do not gain a place they will go on the 2 day trips instead)
- Option 2:** I would like my child to go on the two day trips and not be considered for the residential trip.
- I confirm that I have completed and returned my child's OSA2 medical form

Student Name..... Tutor Group.....

Signed..... Print..... Date.....
(Parent / Carer) (Parent / Carer)

FORM OSA2 (2016) (Young Person)

Warwickshire County Council - Consent to Activity, Medical Details and Treatment Form

Name of Young Person.....Tutor Group

Date of Birth..... Male Female

Home address:

.....

Telephone number:

Visit to:

From: (Date) To: (Date)

Emergency contacts.

1) Name..... Relationship

Home..... Mobile.....

2) Name..... Relationship

Home..... Mobile.....

Name, address and telephone number of own doctor (GP)

.....

Does he/she suffer from: asthma, chest complaints hay fever, migraine, fits or faints, travel sickness, diabetes, attention deficiency, hyperactivity or any other condition, illness of disability?

If so, please give details:

.....

.....

Is he/she allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug)

If so, please give details.

.....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Party Leader)

.....

Are there any activities in which they should not participate?

.....
.....
.....

Date of anti-tetanus injection (if known).....

Is there any other relevant information which the party leader should be aware of?

.....
.....

Please indicate any special food or dietary requirements where applicable:

.....

I wish my child to take part in the journey/activities* and, having read the information provided, agree to them taking part in any or all of the activities described.

Name (Parent / Carer) Signature..... Date.....

* All journeys and activities carry some amount of risk.

CONSENT TO MEDICAL TREATMENT

I, (YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to educational establishment staff by the GP, if circumstances are deemed necessary and appropriate.