



September 2012
ASP/JS

Dear Parents / Guardians,

RE: YEAR 9 SCIENCE MUSEUM, THURSDAY 11TH OCTOBER 2012

Year 9 students will have the opportunity to explore The Science Museum on **THURSDAY 11TH OCTOBER 2012**.

At the museum students will discover the thrill of flying with the RAF Red Arrows during one of their sensational aerial aerobatics displays in Red Arrows 3D. With stunning 3D vision and flight simulator technology, students can see and feel what it's like in the cockpit in the incredible Red Arrows 3D cinema.

At 'Exploring Space' student will visit Legend of Apollo and feel the impact of a Saturn V rocket launch, be part of a moon landing and discover the smell of space at the 4D cinema.

'Back to the Moon' gives students the opportunity to look at the Apollo missions to the Moon. Here they can see a replica of 'Eagle', the lander that took astronauts Armstrong and Aldrin onto the lunar surface in 1969. Student will also explore how astronauts eat, drink and go to the toilet in space. Helen Sharman's actual spacesuit is here, alongside space food and a space nappy.

We will also visit a number of other galleries and exhibitions and investigate area such as the environment and technologies of the future.

Those not attending the trip must still attend school where an alternative curriculum will be provided for the day. They will also be given a handout that covers the contents missed on the day.

The cost of the trip is £17.50 that covers transport, activities and insurance. **Please return the consent form and payment by 17th September 2012.**

Payment Procedures - We ask you to use the on-line payment system to pay for this particular Trip/activity if possible.

In order to do this please go to the home page of the school website and click on the link to www.scopay.com/stcrispins. There are clear instructions on how to proceed, you will need your user name and password previously sent to you, in order to process your payment.

If you choose to pay by cheque please ensure that the student's name, form and the name of the Trip/Activity are clearly written on the back of the cheque, which should be made payable to '*St Crispin's School*'.

If paying by cash it must be in a sealed envelope with the students name, form, amount enclosed, Trip/Activity clearly written on the outside.

This trip is an optional visit and the school asks that the payment is made as a voluntary contribution to cover the cost. In the event that we are unable to cover the costs the trip may have to be cancelled. If you are experiencing difficulty in paying for this visit a written request for support should be submitted to the school bursar. In the event that the visit is oversubscribed names will be drawn from a hat from all those that have replied by the deadline. Parents are responsible for the prompt collection/return home of students after the visit.

Please be aware that your emergency contact details are uploaded to a password protected website so that a member of the Senior Leadership Team or Local Authority can access information in the event of an emergency. These details include only names and telephone numbers submitted on your Broadmoor form. If you do not want your details stored in this way please notify the school.

We will be departing from school at 8.40 am and returning (traffic permitting) by 3.30pm.

School uniform must be worn on this trip and because this is a working visit, writing equipment and a clipboard will be needed together with a packed lunch. If you wish, a small amount of money can be taken by pupils to buy souvenirs.

Please return the attached consent form.

Any further queries, please contact me via the school office.

Yours sincerely,

Mrs A Beglin
Technology Department

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To: School Office

Re: Year 9 Science Museum, Thursday 11th October 2012

Student: _____ Tutor Group: _____

Emergency Telephone Number for day of visit: _____

On date of visit will your child be requiring any medication? If so, please give details.

(please include Epipen, Asthma Inhaler, etc.)

Any other medical condition which may affect your child's performance/safety on this activity.

Family Doctor's Name and Telephone Number for emergency purposes only: _____

I agree to staff on the visit/activity giving permission for my child to have any medical treatment that the medical authorities think necessary. I undertake to inform the school of any changes in my child's fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed.

I would like to reserve a place for my son/daughter on the trip to The Science Museum. Parents are responsible for the prompt collection/return home of students after the visit.

Please tick method of payment:-

I have paid by Credit/Debit Card

I enclose a cheque payable to "St Crispin's School" for £17.50 with the student's name, form and Yr 9 Science Museum.

I enclose cash £17.50 in a sealed envelope with student's name, form and Yr 9 Science Museum on the outside.

Signature (Parent/Guardian): _____ Date: _____

