



FIDE ET LABORE

# Ss John Fisher and Thomas More

ROMAN CATHOLIC HIGH SCHOOL

*Working in partnership to ensure all our bright colours shine ...*

12 October 2016

Head Teacher: Ms C E Hayes BSc (Hons)

Dear Parents / Carers

## Year 11 Prom 2017

Our Year 11 Prom celebration will be held on Friday 23 June 2017 at Mytton Fold Hotel, Langho, near Blackburn. The cost of the celebration, which includes a three course dinner and unlimited soft drinks, will be £30. In order to secure your child's place, it is important that a non-returnable payment of **£30 is paid in full by Friday 16 December 2016.**

In order to complete the necessary visit arrangements and organise the number of volunteers needed to ensure adequate supervision for the event, we will be unable to amend the list of attendees after this December deadline. **Please return the attached medical form with full payment.**

The hotel has 'house rules' which have to be fully complied with throughout the evening. This includes a minimum supervision quota of supervising staff along with strict rules regarding the use of alcohol and behaviour / conduct at the event. Pupils may be escorted off the premises by the hotel staff and parents/carers will be informed immediately if they are either suspected of drinking prior to arriving, bringing alcohol to the hotel and/or behaving in an inappropriate manner.

The event is not a reward trip but a celebration in recognition for your child's hard work and efforts as a member of the Fisher More community. As in past years, not all pupils who have wanted to attend the event have been allowed to be involved. Pupils planning to attend must ensure that in their last year at Fisher More they:

- Have an excellent attendance record in their final year;
- Have a positive attitude, conduct and behaviour record;
- Complete all controlled assessments/coursework to a good/excellent standard;
- Attend all extra revision lessons, catch up sessions that they are directed to by a letter sent home to parents/carers;
- Attend all examinations that they have been entered for by their subject teachers.

The final decision regarding whether a pupil has not met any of the guidelines above will be made by Mr Flynn (Pupil Progress Leader for Year 11) in consultation with Mr Walmsley (Assistant Headteacher KS4).

If you have any questions regarding any aspect of this event, then please do not hesitate to contact me at school.

Yours faithfully

Mr J Walmsley  
**Assistant Headteacher KS4**

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## Parental/Carer Consent and Medical Information Form for Type A Educational/Off-Site Visits

(This form is to be completed in full by the parent/carers and returned to the School/ Service)

**Details of Visit:**

Visit to: Y11 Prom 2017

Alternative Activity (Plan B): The trip will be cancelled

From: Friday 23 June 2017 19:00 (date/ time) To: Friday 23 June 2017 23:00 (date/time)

Child's name: ..... Date of Birth: ..... Form/class: .....

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/service reserves the right to prevent my son/daughter/ward taking part in the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/service with any medical information or changes to emergency contact details.

**Emergency Details:**

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) ..... Work: (.....) .....

Mobile Telephone no: .....

Name & Address: .....

b) Please state an alternative contact point: - Telephone number: (.....) .....

Name & Address of Contact: .....

**Other Information:**

Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect him /her in this visit:

**Declaration by Parent/Carer:**

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed visit and the insurance arrangements.
- I consent to my child taking part in the visit and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned; subject to any agreed adjustments.
- I have noted where and when the children are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Service prior to the visit.

Signature of Parent/Carer ..... Date.....

(N.B. Parental/Carer consent required for children aged 17 and under)

Name of parent/carers in block letters: .....

Address: .....

**Note: This Completed Form to be returned to the School/Service.**

**In the case of the participant being 18 years of age and above, the form must also be signed by them to confirm the accuracy of information, and consent to any necessary medical treatment.**