

French Centre Information Pack - Centre des Etoiles - 2017

I am delighted to inform you that Year 7 students will once again be travelling to the Centre des Etoiles in France for our residential visit. The Centre, which belongs to The Priory Federation of Academies Trust, gives each student the opportunity to enjoy a variety of experiences, as well as bond with their tutor group and form tutor.

The students will travel in their Tutor Groups for a Monday to Friday visit, working through in numerical order. Departure will be from The Priory Academy LSST car park on Monday morning and return on Friday afternoon/evening. The cost of the visit is £210 which is inclusive of everything except a packed lunch for the Monday journey from the Academy. This is truly a wonderful experience where the students enjoy making new friends within the tutor group in a relaxed environment. It really is an amazing opportunity and an experience that students enthuse about for a long time after the visit.

Payment for the visit is due by Monday 11th September 2017. We would ask that for security purposes any payments by cheque are made payable to **The Priory Federation of Academies**, and should be enclosed in a sealed envelope with the student's name and Tutor Group on the reverse of the cheque. Bank transfer is available using the following details: Lloyds Bank, Account number 02113503, sort code 30-95-05. Please put your student's name as the reference. The Academy cannot be held responsible for any cash brought onto the premises by students unless a receipt is given.

Please remember that the Academy reserves the right to withdraw any student from the visit if we feel that they have not conducted themselves in an appropriate manner between now and the date of the visit.

All the details related to the visit including essential forms for data collection and collective passport application are included in this pack and can also be found on our website.



Passport information and action needed

In the majority of cases students will travel on a collective passport. However, only children who are classified as a 'British National' can travel on the collective passport.

The definition of a British National is:-

- A British citizen
- A British Overseas territories citizen
- A British Overseas Citizen
- A British Subject
- A British National (Overseas)
- A British Protected person

Further information can be found at: https://www.gov.uk/types-of-british-nationality/british-citizenship

If your child is eligible to travel on the collective passport then please return the passport questionnaire for each child. If they are not, then they will need to travel on their own passport. Please see the table below which outlines the required action.

| Situation | Action | | | |
|-------------------------------------|---|--|--|--|
| Born in the UK | Complete Travel Confirmation Form (section 1) and | | | |
| | complete passport questionnaire | | | |
| Born outside UK with UK Passport | Please contact Mrs T Alderman at the Academy | | | |
| Born outside UK with no UK Passport | Complete Travel Confirmation Form (section 2) | | | |
| No returned paperwork by deadline | If students wish to travel then they must travel on their own | | | |
| (04/07/2017) | passport | | | |

We also ask that each child who travels has a European Health Insurance Card (EHIC). If your child does not currently have an EHIC they can be obtained (very quickly) at no cost via the website: www.ehic.org.uk (7 days) or by telephone **0845 606 2030** (10 days).

Please complete the attached **travel confirmation form**, **passport questionnaire** (if travelling on the group passport form), **In Loco Parentis and consent form** and return to Mrs T Alderman in Student Reception by 4th July 2017.



Visit Schedule

| Tutor Group: | Visit date: |
|--------------|--|
| 7.1 | 25 th – 29 th Sep |
| 7.2 | 2 nd -6 th Oct |
| 7.3 | 9 th – 13 th Oct |
| 7.4 | 16 th -20 th Oct |
| Н | ALF TERM |
| 7.5 | 30 th Oct – 3 rd Nov |
| 7.6 | 6 th – 10 th Nov |
| 7.7 | 13 th -17 th Nov |
| 7.8 | 20 th – 24 th Nov |
| 7.9 | 27 th Nov – 1 st Dec |

Document checklist

| Task/Document: | Return by: | ✓ |
|-----------------------------|---------------------------------|---|
| Travel Confirmation Form | 4 th July 2017 | |
| Consent Form | 4 th July 2017 | |
| In Loco Parentis | 4 th July 2017 | |
| Passport questionnaire | 4 th July 2017 | |
| (group passport only) | 4 July 2017 | |
| Payment | 11 th September 2017 | |
| Hand passport into Student | | |
| Reception | 2 weeks prior to travel | |
| (unless on group passport) | | |
| Hand EHIC Card into Student | 2 weeks prior to travel | |
| Reception | 2 weeks prior to traver | |

Please return all documents marked for the attention of: Mrs T Alderman



Centre des Etoiles Itinerary

Monday Arrive at The Priory Academy LSST

Leave The Priory Academy LSST

Eurostar Terminal Travel

5:30 am

6:15 am Approximately,

(mid journey break, 'pack up' provided by parents please)

Second 'pack up' provided by

Academy to be eaten at the early

evening stop

Arrive at Centre Des Etoiles 8.00 pm - 9.00 pm

Tuesday **Breakfast** 8.15 am (email home before

breakfast)

Carpiquet Swimming Pool

Lunch at Centre Caumont l'Evente Souterroscope

Dinner/evening meal

10.00 am -12.30 pm 13.00 pm -2.00 pm 2.30 pm -2.45 pm 3.00 pm - 4.00 pm6.00 pm approx

8.00 am/8.15 am

8.30 am/9.00 am

Wednesday Breakfast

Leave Centre

Bayeux Tapestry

Bayeux Cathedral Bayeux Market

Leave for Centre des Etoiles **Lunch** at Centre des Etoiles Visit to Juno Beach centre Dinner/evening meal

am

9.00 am -10.15 am/9.20 am - 10.50

11.00 am/11.20 am 11.20 am/12.00 pm 12.15 pm/12.30 pm 1.00 pm - 1.30 pm1.45 pm -5.00pm 6.30 pm approx

Thursday Breakfast

Leave Centre visit St Mere Eglise

Cite de la Mer

Dinner/evening meal

8.00 am 8.45 am

10.45 am-3.00 pm

(Picnic lunch to be eaten in dining area)

6.30 pm approx

Friday Breakfast

> Leave for Calais Leave Calais Arrive UK

Arrive The Priory Academy LSST

4.45 am

5.00 am approximately (pack up provided)

Any change to arrival times at The Priory Academy LSST will be updated on the coach phone voicemail message via the party leader.



List of items needed for the Year 7 visit to Centre des Etoiles, Normandy

Provided:

- A holdall to carry all items (to be given before the visit)
- Long sleeved purple sweatshirt to be worn to and from the Centre (to be provided in the kit bag)
- A blue carrier bag for packed lunch (numbered, also in kit bag)
- Money bag for spending money (numbered, also in kit bag)
- Travel wrist bands (given out on the coach at the start of the journey)
- Fleece lined anorak (Peter Storm) given out at the Centre
- Swimming towel, swim bag and small rucksack/daysack given out at the Centre
- Clipboard and pen (given out at centre)
- Hairdryers at the Centre
- Laundered replacement polo shirts and sweatshirts will be provided at the Centre.

To take with you:

- A packed lunch for the outward journey
- Coat for the journey to Academy and from Centre (an anorak will be provided while at the Centre)
- Washbag and contents (no towel as it is provided)
- Underwear and pyjamas
- Your blue Academy shirt to wear to and from the Centre you do not need your tie.
- Trousers (Academy trousers) for visits and casual wear for evenings. Denim may be worn for evenings only. One pair of trousers suitable for getting dirty!
- 3 pairs of shoes (Academy shoes to travel in, sturdy everyday shoes for out and about on muddy events, could use walking boots, and a lightweight pair for indoors.)
- Socks
- Medication (if needed, to be placed in a sealed envelope with name and instructions) to be handed to the team leader on Monday morning.
- A reading/puzzlebook (for journey and bedtime reading)
- Spending money 50 Euros for the week. Students will be provided with a numbered money bag on Friday to put money in. This will be handed in to staff and issued on a daily basis. Students will need a purse/wallet for daily use. 10 Euro will be kept in reserve by visit staff in case of delay at the tunnel port on our return.
- Hat, scarves and gloves as required
- Lip salve to protect lips from the wind.
- Swim wear Academy regulation wear.
- Slippers or slippersocks for wearing in bedrooms
- Pencil case and contents
- Plastic bag for dirty laundry
- English money if students wish to purchase a hot drink or food on the return journey from the Centre that is additional to the packed lunch.

We have a mobile phone on the coach that will have a recorded message to keep you up to date with our homeward journey and expected time of arrival at Academy site; The Priory Academy LSST.

Computer games may be taken but these are at the discretion of parents/carers and remain the responsibility of the student. No mobile phones are to be taken. Disposable cameras may be used.

Please ensure that everything is clearly named to enable us to return lost property.



IN LOCO PARENTIS 2017/18

Visit Title: Year 7 French Centre

To be filled in and signed by a parent or guardian. Please include all information that the group leader should be aware of. Any information of a sensitive nature will be treated as confidential. (Please use the back of the form to give additional information)

| C4-14 | | | |
|-------------------------------------|---|---|---|
| Student's name | | First Name | Surname |
| Tutor Croup and Data of D | inth | | , , |
| Tutor Group and Date of B | IIII | | / / |
| Address | House Name / Street | | |
| | Town | | |
| | County / Postcode | | |
| Home Telephone Number | | | Please write XD if ex-directory |
| 1 | | Number and name of contact/relationship | Address |
| Emergency contact details | / mobile telephone numbers. | F | Traditions |
| | 1 | | |
| | | | |
| | 2 | | |
| | | | |
| | 3 | | |
| | | | |
| | | The type of medication they may be given | for pain/flu relief, if necessary: |
| | tion requiring medical treatment, e give details. Please also include if | | |
| | with any contagious or infectious | | |
| diseases in the last 4 weeks | s, or have suffered from anything | | |
| that might be contagious o | r infectious during that time? | | |
| | | | |
| Please outline any special of | lietary requirements your child has. | | |
| | , <u>1</u> | | |
| | | | |
| Is your child allergic to any | medication, if yes, please specify? | | |
| When did your child last ha | ava a tatanus injection? | | |
| when did your enild last in | ave a tetanus injection: | I will inform the Group Leader as soon as p | assible of any changes in my child's |
| | | medical or other circumstances between no | |
| Name and telephone number | er of family Doctor | | |
| Address of Doctor | • | | |
| Address of Doctor | T | N LOCO PARENTIS | |
| without success. Ia gree to my c | staffaccompanying the visit to act on my be | half, once all reasonable attempts to contact me, u to any emergency dental, medical or surgical treats | = |
| · . | • | ave read the information sheet provided and agree t d acknowledge the need for my child to behave resp | |
| with particular attention paid to l | nealth and safety. Iunderstand that there c | lucational visits. Iam also aware that the academie an be no absolute guarantee of safety, but appreci do everything that is reasonably practicable to enst | ate that the acade my leaders of the visit retain |
| Signed (parent/guardian) | | | |
| Date / Name and relations | nip to child | / / 2017 | |



The Priory Academy LSST Educational Visits Parents/Carers Consent Form 2017-18

| Student name: | Tutor group: | |
|------------------------------------|--------------|--|
| Visit details: | | |
| Date of visit (or departure date): | | |

Please sign below if you agree to the following information. If there is any aspect to which you do not consent then please draw a line through the information and write your initials next to it.

- I agree to my child (named above) taking part in this visit. Having received the information given, I agree to their participation in all of the activities described.
- My child is fully aware of their responsibilities and the need to behave in an appropriate manner at all times.
- I am aware that I will be responsible for payment of any damage caused by my child.
- I understand that if my child behaves in an unacceptable manner I may be asked to finance their early return.
- I will only allow my child to travel if fully fit.

Emergency medical consent

I agree to my child receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In the event of an accident where emergency procedures are not required, it may be necessary to transport a student to a medical centre or hospital.

In these circumstances I give permission for my child to be transported with a member of the Academy staff.

I understand the extent and limitation of the insurance cover provided and understand that I am able to take out further additional cover for my child at my own expense.

Unsupervised time

On certain educational visits students may be given time to explore in small unsupervised groups (never alone). The group leader will set clear guidelines and expectations if this occurs, including return times and where students are permitted to go. Students will always be given the option to remain with members of staff.

I give permission for my child to be unsupervised whilst on this visit.

| Parent/carer signature: | Date: | |
|-------------------------|-------|----------|
| Name: | | <u> </u> |

If you would like to discuss any aspect of this visit please contact the visit leader at the academy.



Year 7 Centre des Etoiles Visits 2017-18

Travel Confirmation Form

| Student name: | | | Tutor gro | oup: | | |
|--|--|------------|------------|-----------|---------|---------|
| Date of birth: | | | | | | |
| Visit details: | Year 7 visit to the Centre des Etoiles (N | lormandy | ·) | | | |
| Please complete the | relevant section below (only complete on | ne section |): | | | |
| | child to take part in the Year 7 visit to the on the group passport. | he Centre | es des Eto | oiles and | d I wou | ld like |
| Parent/carer signature: | | [| Date: | | | |
| Name: | | | | | | |
| EHIC number: | E | EHIC expir | ry date: | | | |
| • | child to take part in the Year 7 visit to th their own passport. | he Centre | des Etoi | les and | they w | vill be |
| • | • | he Centre | des Etoi | les and | they w | vill be |
| • | • | | e des Etoi | les and | they w | rill be |
| travelling on Parent/carer | • | | | les and | they w | rill be |
| travelling on Parent/carer signature: | • | | | les and | they w | rill be |
| Parent/carer signature: | • | | | les and | they w | rill be |
| Parent/carer signature: Name: Passport number: Country of origin | • | | | les and | they w | rill be |
| Parent/carer signature: Name: Passport number: Country of origin (passport): | their own passport. | | Date: | les and | they w | rill be |
| travelling on Parent/carer signature: Name: Passport number: Country of origin (passport): Child's nationality: EHIC number: | their own passport. | EHIC expir | Date: | | | rill be |
| travelling on Parent/carer signature: Name: Passport number: Country of origin (passport): Child's nationality: EHIC number: | their own passport. | EHIC expir | Date: | | | rill be |

Please return this form to Mrs T Alderman by Tuesday 4th July 2017

