



**St. Thomas More**  
CATHOLIC SCHOOL

St Thomas More Catholic School, Palace Fields, Buxton, Derbyshire, SK17 6AF Headteacher: Mr B Hickey

15<sup>th</sup> February 2019

Dear Parent/carer,

As part of the KS3 Religious Education curriculum year 9 pupils are learning about Islam and the Muslim way of life.

To support their learning, we have arranged for the pupils to visit a Mosque in Sheffield on Monday 4<sup>th</sup> March. This will be a great opportunity for pupils to fully understand what it means to be a Muslim in today's world. We will also be incorporating a visit to the Buddhist centre, where we will be given a talk on Buddhism and take part in a stilling exercise. This trip will be invaluable for the pupil's spiritual, cultural and moral education.

The cost of the trip is £13.00; this covers the cost of coach travel to and from Sheffield and entry and guides to the Mosque and Buddhist centre.

**We will be leaving school at approximately 8.45 am and we hope to return no later than 3.10pm. Pupils will need to wear full school uniform and they will need to bring with them a packed lunch, if your child receives free school meals please let us know if you would like us to provide a packed lunch for them on that day.**

Please complete and return the attached consent and make the payment of £13.00 via parent pay by Monday 25<sup>th</sup> February.

Yours Sincerely

Ms C Neves  
Teacher of Religious Education

**PLEASE RETURN THIS SECTION ONLY TO THE FINANCE OFFICE**

[In order to comply with Health & Safety Regulations we must receive this completed consent form at least 3 school days prior to the date of the trip. NB. Your child will not be allowed on the trip if you do not comply with this request.]

Student: \_\_\_\_\_ Form: \_\_\_\_\_  
I am willing for my son/ daughter to take part in the trip to visit a Mosque in Sheffield on Monday 4<sup>th</sup> March 2019.

I acknowledge the need for my child to behave responsibly.  
I understand that all reasonable care will be taken to ensure the safety of those in the party.

**Medical information about my child:**

[a] Any condition requiring medical treatment, including medication? Yes/No  
[Please circle as appropriate]

Please give brief details below; if your child requires medication, a parental consent Form 5 must be completed.

When did your child last have a tetanus injection? \_\_\_\_\_

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

**Declaration**

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided and have read the attached letter.

Contact telephone numbers:

Work/mobile \_\_\_\_\_ Home \_\_\_\_\_

Home Address: \_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

This form or a copy will be taken by the Group Leader on the visit. Full details will be retained by the school contact.

I agree to abide by the terms and conditions for educational visits. (Terms and Conditions can be found on the school website [www.st-thomasmore.derbyshire.sch.uk](http://www.st-thomasmore.derbyshire.sch.uk), paper copies are available upon request.)

Signed \_\_\_\_\_ Date returned \_\_\_\_\_

Full name (capitals): \_\_\_\_\_