



Ysgol Tir Morfa

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Mrs R O'Neill
Pennaeth / Headteacher

26th September 2018

Dear Parent/Guardian,

Re: Skills Cymru Event 18th October 2018

We have booked for all pupils in Dosbarth Tryfan, Dosbarth Siabod and Post-16 to attend the annual Skills Cymru event at Venue Cymru on Thursday 18th October, between 11am and 1.00pm

The event is a fun, interactive exhibition with a careers focus. Pupils will depart school at 10.00am and return for 2.00pm. A packed lunch will be required (provided for those claiming free school meals). Travel will be via coach, for which we are seeking a voluntary contribution of £2.00 per pupil. The trip is dependent upon voluntary contributions covering the cost of the coach-hire.

Please can you complete the attached form 2 and return it together with a contribution of £2.00 prior to 15th October.

Yours sincerely

P. Thomas
Assistant Headteacher

Parent/carer consent for non-routine visits – form 2 (April '15)

To be distributed with an information sheet/letter giving full details of the visit

School: Ysgol Tir Morfa

Visit/activity: Skills Cymru Event, Venue Cymru

Venue: Venue Cymru, Llandudnoe

Date(s): Thursday 18th October 2018

Your child's name: _____ Class: _____

Declaration

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand that the home-school agreement forms the code of conduct for this visit and I have discussed this with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.
- In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that the school/establishment may use activity images within school for educational purposes.
- I understand the extent and limitations of the insurance cover provided.

FULL NAME OF PARENT OR CARER (print please): _____

SIGNED: _____ **DATE:** _____