



Ysgol Tir Morfa

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Ffordd Derwen
Y Rhyl
Sir Ddinbych
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Mrs R O'Neill
Pennaeth / Headteacher

20th April 2018

Dear Parents/ Guardians,

Re: Food and Fun Wales Summer School

We are delighted to be able to offer your child the opportunity to take part in a Summer Camp to be held at our Ffordd Derwen site over the last three weeks of the Summer holidays. The focus of the summer camp is sport and healthy eating. Sessions will be held Monday to Thursday, from 9.30am-1.00pm, beginning on Monday 13th August. Pupils attending will have a healthy breakfast upon arrival and following the morning's activities will be provided with lunch.

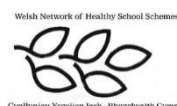
If you would like your child to access this summer school, please complete the attached form2 and return it to school by Wednesday 25th April at the latest. Places are limited. Further details will be provided at a later date.

Thank you for your assistance.

Yours sincerely,

P. Thomas
Assistant Headteacher

Cyfeirer pob gohebiaeth at y Pennaeth
Please address all communications to the 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: Summer School

Venue: Grange Road Site

Date(s): Monday-Thursday 13th-17th August,
20th-24th August, 27th-30th-August (am only)

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:** _____