



# Ysgol Uwchradd Prestatyn High School

**Pennaeth Headteacher Mr N Foley B.Sc. MA.**

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Monday, 8<sup>th</sup> April 2019

Dear Parent/Guardian,

We are running an attendance reward for pupils who have had 97% and above attendance this term and excellent behaviour to praise them for their efforts and attendance achievement. We have secured the Little Theatre in Rhyl on Friday, 12<sup>th</sup> April 2019, for the afternoon. We will be getting a coach from school at 11.45am and will be back in school before 3pm so the pupils can get transport home as usual.

Please complete and return the enclosed consent form by Tuesday, 9<sup>th</sup> April, otherwise we will not be able to take your son or daughter. Please ensure your son or daughter brings a packed lunch with them as we will have left the school site before lunch begins.

If they would like additional popcorn, ice-cream and sweets at the theatre please ensure they bring additional money as this is available in the venue but not included in the visit.

As a small cost to cover transport, we are asking for a £4 contribution. Please bring this on Tuesday when the consent form is also returned.

Please congratulate your son or daughter on having excellent attendance and we hope they enjoy this opportunity.

Please do not hesitate to contact us if you have any questions.

Yours faithfully,

**Head of Year 7 & Attendance Team**



Having read the relevant information regarding the visit/activity outlines above, and having understood the level of supervision to be provided, I agree to my child taking part.

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 if my child seriously misbehaves or is a cause of danger to him/herself or to others then he/she may be brought home early the visit/activity. In such a situation there will be no obligation on the school to refund any money.

**PART 2: Medical (Delete as applicable)**

\*NO My child does not suffer from any medical condition which requires regular treatment or which could limit his/her involvement.

\*YES My child suffers from ..... and details of regular treatment, diet, and/or physical limitations or restrictions are given in the space below  
.....  
.....  
.....

I consent to any necessary or emergency medical, including anaesthetic.      Yes       No

If my child is unfit, or his/her fitness is in doubt on the visit/activity, I will notify the Student Liaison Officer (who will make the final decision as to whether my child may participate)

**PART 3**

Name: .....      Signature: .....

Address:  
.....  
.....  
.....

Telephone Number for contact  
Home: .....  
Mobile: .....  
Alternative: .....