

St Gregory's



CATHOLIC COMPREHENSIVE SCHOOL

Reynolds Lane, Tunbridge Wells, Kent TN4 9XL
01892 527444 Fax: 01892 546621 www.sgschool.org.uk

4th January 2012
Ref: JAB/SM1

AN OPPORTUNITY TO Reflect, Refresh, Recharge, Retreat

Dear Young Adult (that's you!)

Are you in need of some of the above? If the answer is yes then we are offering YOU the opportunity to experience St Cassian's De La Salle Retreat centre situated in the heart of Berkshire.

Purpose of Visit: Over the weekend there will be many opportunities to make new friends with students from other schools as well as time for personal reflection. It is hoped that you will return refreshed with a deeper understanding of themselves, others and God. An experienced Youth team organises the daily programme and guides the retreat under the guidance of Brother Anthony.

Date of visit: Thursday 23rd February - Sunday 26th February 2012

Travel Details: By minibus

Depart: 15:05 pm (23rd)

Return: 13:30pm (26th)

Cost and Payment: The cost of this trip is **£97.30**. This is a voluntary contribution and the trip will only take place if there are sufficient monies collected. If there are any financial difficulties you may apply in confidence to the Headteacher for support.

If you wish to participate in the above trip payment should be made using Parent Pay. Please ask your parents to log on to www.parentpay.com using the details in your activation letter. When they have made your payment please send the completed parental consent forms to **the box on top of the review trays**.

Yours in Christ

Julia Anna Byrne
Lay Chaplain

PARENTAL CONSENT FORM FOR EDUCATIONAL VISIT
For trips which take place out of school office hours

Name of School Trip: Sixth Form Retreat Kintbury 23rd – 26th February 2012

Name of Student: _____ **Review group:** _____

Date of Birth: _____ **Saint Group:** _____

I hereby consent to the attendance of my child on the above school visit when the person(s) in charge of the party of school children will be a member of the teaching staff of the school and/or the centre.

I further consent to the giving of any urgent medical or surgical treatment to my child which is considered necessary during the school visit.

Please detail below, or write direct to the Head in confidence, if your child suffers, even mildly, from any medical condition, such as epilepsy, asthma, diabetes, heart condition, allergies, or physical weakness. If your child has suffered from any contagious or infectious diseases during the past three months, please detail these.

If your child is taking medication, please give details including whether it can be self-administered.

Please give details of any special dietary requirements

Family Doctor Name:
Address:
Telephone No:

Any Other Relevant Information

Are there any activities in which your child may not participate? YES/NO
If yes, please detail below:

Signature of parent: _____

Address: _____

Home Tel No: _____ **Work tel no:** _____

Mobile Phone: _____

If we cannot get hold of you, name of emergency contact in case of illness or problem:

Contact Name: _____ **Contact Tel No:** _____

Mobile Phone: _____

