



12<sup>th</sup> March 2019

Dear Parents/Carers

**Activity Day, Thursday 18<sup>th</sup> July 2019  
Year 7 – Crealy Adventure Park, Exeter**

The planning and coordination of the summer activity day is well underway. The aim is to take the entire year group to Crealy Adventure Park, Exeter for the day. The students will be accompanied by Mr Carr (Year and trip leader), along with the year 7 tutors and other members of staff. Students will have full access to the park and be able to make use of all the park's attractions (please visit the website to find out more [www.crealy.co.uk/](http://www.crealy.co.uk/)).

The aim is for the students to develop friendship and social bonds with their peers, get involved with all the activities the park has to offer and have some fun at the end of the school year. This is a non-school uniform event but suitable clothing will need to be worn (weather will need to be taken into consideration).

The timings of the trip will be around a normal school day. The year group will leave from the school bus park at 9am and travel via coach to Crealy, arriving around 10am. They will then spend the day in the adventure park. The group will depart at 2pm, heading straight back to school. Students who travel to and from school via school transport will still be able to do this.

The cost of the trip is £11 and this will include transport and entry to the park which includes all rides and attractions. Payment is to be made via the school Gateway payment system. The final payment must be made by Friday 24<sup>th</sup> May.

Students will be able to purchase food in the park or they can bring a packed lunch. Students will be responsible for all of their own belongings. Please could you make your payment and then return the attached SOE3 form, handing them into the school's reception as soon as possible.

If you have any questions or concerns please email either me on [jscott@axevalley.devon.sch.uk](mailto:jscott@axevalley.devon.sch.uk) or Jacky Lomax, School Business Manager on [jlomax@axevalley.devon.sch.uk](mailto:jlomax@axevalley.devon.sch.uk).

Yours faithfully

Mr J Scott  
Assistant Head

Chard Street,  
Axminster, Devon  
EX13 5EA

Tel: 01297 32146

Email  
[admin@axevalley.  
devon.sch.uk](mailto:admin@axevalley.devon.sch.uk)

Web  
[www.axevalley.  
devon.sch.uk](http://www.axevalley.<br/>devon.sch.uk)

Executive Headteacher

**Martin Brook**  
B.Ed, MA

Deputy Headteacher

**Laura Jenkins**  
B.Sc Hons

Assistant Headteachers

**Kevin Cumming**  
BA Hons B.Ed  
**Jonathan Scott**  
BA Hons

Director of Sixth Form

**Dave MacCormick**  
B.Sc Hons, M.Ed



AXE VALLEY ACADEMY Chard Street Axminster Devon EX13 5EA  
FORM SOE 3 - PARENTAL CONSENT FOR OFF-SITE ACTIVITIES



Dear Parent/Guardian

Please complete and return the form below which relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for your child to take part in this activity.

**VISIT OR ACTIVITY. Year 7 – Crealy Adventure Park, Exeter**  
**DATE Thursday 18 July 2019**

**NAME OF STUDENT**

**TUTOR GROUP**

**DATE OF BIRTH**

**Swimming ability  
(for water based activities)**

**Special Details**

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted. For example, does your child:

- have any allergies?
- take medication and if so what is the dosage required?
- experience travel sickness?
- have diabetes, asthma or epilepsy?

**Has your child had any relevant recent illnesses?**

**Approximate date of last tetanus injection:**

**Does your child have any specific dietary requirements?**

**NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR:**

**Any additional comments:**

**PHOTOGRAPHS:**

Photos may be taken during the trip for use in our newsletter, on the school website etc.  
If you have objections to these being taken please indicate this here.

**ONLINE PAYMENT  
YES / NO**

I give permission for my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in the activities described.  
I consent to any emergency medical treatment required by my child during the course of the visit.  
I confirm that my child is in good health and I consider him/her fit to participate.

**If entitled to Free  
School meals:  
FREE Packed Lunch  
YES / NO**

**NAME OF PARENTS / CARERS** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBERS: HOME** \_\_\_\_\_ **MOBILE** \_\_\_\_\_

**WORK** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**SIGNATURE OF PARENT/CARER** \_\_\_\_\_ **DATE** \_\_\_\_\_