

Principal: Richard Spencer



19th September 2017

Downham Road, Ely, Cambridgeshire, CB6 2SH

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Dear Parent/Carer

Pubic Services

As part of the Public Services course, your child is studying ‘an adventurous activity’ where they have to plan an activity to participate in. The choice for the activity is Paintballing at Thetford on **Thursday 19th October**. Students will leave college at 8.00am and return to college at 2.30pm. Students will need to wear clothes appropriate for the weather and bring spare clothes as they will probably need to change afterwards. They will also need food and drink for the day.

In order for this visit to take place, we ask you to make a contribution of **£30**. Although such a contribution is voluntary, in reality we have no alternative source of funding. If sufficient contributions are not received to make the visit financially viable it will be cancelled and all contributions will be refunded. In cases of financial hardship, any requests for the contribution to be waived will be treated sympathetically; please contact the Principal in writing or by email. As this educational visit is taking place in school hours, we are not permitted by law (Education Act 1996) to exclude from such a visit children of parents choosing not to contribute to the cost. This cost includes the coach fare, insurance and supply costs.

Please complete and return slip below to the Finance Office by **6th October**. We would prefer you to make your payment online, but if this is not possible, please make your cheque payable to Ely College. Should you have any queries about the above, please feel free to contact me at College by telephone or my email address: spatman@elycollege.co.uk

Yours faithfully

S Patman
Course Tutor



To Finance Office – **Public Services – Paintballing – October 2017 (S Patman)**

Student’s Name Form

I give permission for my child to take part in the paintballing trip on Thursday 19th October 2017

- I have paid £30 online (preferred option)**
- I enclose £30 (cheques made payable to Ely College)

My emergency telephone number is:

Please provide details of any medical issues affecting your child which may impact on this trip:
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Signed (Parent/Carer) Date:

Name in Print

