



24th April 2019

Dear Parent/Carer

Year 12 and 13 Hair & Beauty Students

We are running a trip to Aqua Sana, Center Parcs, Elveden. This is for Hair and Beauty students only and will take place on Thursday 2nd May 2019. The trip is designed to develop students' career opportunities. The students will have a careers talk by Spa staff and a tour of the Spa facilities, with access to the latest in Spa treatments and products. There will also be an opportunity to use the Spa facilities for research purposes.

We will be travelling by minibus, leaving college at 9.00am. The visit ends at approximately 3.00pm and we will arrive back approximately 3.45pm, depending on traffic. Students will need to make their own transport arrangements home. Although refreshments are available at Center Parcs, these can be quite expensive, so a packed lunch is advised.

Dress code - **We require all students to wear smart, sensible clothing and shoes and bring a swimming costume to wear in the Spa.**

We have secured a remarkable discount and entry to the Spa will be £22. There will be no travel costs for transport to and from Aqua Sana, Centre Parcs, Elveden.

If you wish your daughter to take advantage of this opportunity, please complete the attached form and return it with cash or cheque (made payable to Ely College), to the Finance office by **Friday 26th April 2019 at the latest.**

We reserve the right to withdraw any student involved in any disciplinary procedure before the trip and we will be unable to refund any money paid.

Yours faithfully

J. Constable

Mrs J Constable
Hair & Beauty Teacher

To: Mrs J Constable – Hair and Beauty trip

I give permission for _____

Form _____

to visit:

- Aqua Sana Centre Parcs Elveden – Thursday 2nd May 2019.
- I enclose a payment of £22 (cheques payable to “Ely College”)

Student Mobile Number: _____

Doctor's Name: _____

Doctor's Telephone No: _____

Doctor's Address:

Emergency Contact Number(s): _____

Student's Date of Birth: _____

Please detail below any allergies/medical conditions affecting your child, and which may impact on this trip:

Signature of Parent/Carer: _____

Date: _____

Name of Parent/Carer: _____ *(please print)*

Please return this completed form, together with your payment, to the finance office. Please write “Aqua Sana” together with your daughter's name and form on the envelope.