



Ormiston NEW Academy

PRIDE – ENDEAVOUR – TOGETHER

Marsh Lane, Wolverhampton, West Midlands, WV10 6SE

Principal: Mr Craig Cooling

01902 623 111

info@onewa.co.uk

Dear Parent/Guardian

Re: Trip to Kenilworth Castle, Monday 8th September 2025

We are pleased to inform you that we have arranged a trip to Kenilworth Castle for students to engage with the GCSE topic Elizabethan England.

The group will **leave school at 08:30am** and travel by coach from the Academy to Kenilworth. Upon arrival, we will be given a guided tour of the Castle grounds, followed by a 45-minute educational activity with lunch onsite. After lunch the students will be given a self-guided discovery challenge. We aim to return to by approximately **4:00 pm**, after which students will be dismissed.

The cost of the trip is £18.00 and £10.00 for students who are Pupil Premium. This cost covers:

- Coach travel to Kenilworth Castle.
- The experience and tour of the Castle.
- An expert led workshop inside the Castle grounds.

Students will need to bring:

- Any required medication (e.g. inhalers, EpiPens). If students fail to bring this they may not be allowed to attend.
- Suitable clothing and footwear for the event.

Please complete all sections of the attached consent form and return it to Finance in the Endeavour building by.

If you have any questions, feel free to contact the Academy.

Yours faithfully,

Mr. Z. Brookin
Teacher of History

This form should be completed by the Parent/Carer

| | |
|--------------------------|---|
| Day/Date(s) of activity: | Monday 8th September 2025 |
| Location: | Kenilworth Castle |
| Type of activity: | Elizabethan Society |

1. Student details:

| | |
|------------------|--------|
| Name: | |
| Home Address: | |
| Postcode: | |
| Telephone Number | Email: |
| Date of Birth: | |

2. Parent/Carer details:

| | |
|------------------|--------|
| Name: | |
| Home Address: | |
| Postcode: | |
| Telephone Number | Email: |
| Date of Birth: | |

3. Emergency contact details:

| | |
|------------------|--------|
| Name: | |
| Home Address: | |
| Postcode: | |
| Telephone Number | Email: |
| Date of Birth: | |

4. Student's medical details:

| | |
|------------------|--------|
| GP: | |
| Address: | |
| Postcode: | |
| Telephone Number | Email: |

5. Do we need to know about any medical conditions or allergies? (If yes, please provide details for the condition(s) and any medication needed).

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6. Is there anything else you think we should know?

Information for parents/carers

The Academy aims to provide a safe and enjoyable experience for every child or young person.

To help us do this, please note the following important information:

- All questions on the consent form must be completed and signed by the parent/carer before any child takes part.
- Parents/carers must ensure they notify us of any changes to the information given on the form.
- We cannot take responsibility for any damaged clothing and/or personal items during the activity.
- Parents/carers should ensure their child has sufficient water, food, clothing, sun lotion and medication (where appropriate) for the duration of the activity.
- **If your child displays any COVID symptoms prior to the activity they MUST be kept at home.**
- **If your child displays any COVID symptoms during the activity, parents/carers will be expected to collect their child.**

This section has to be completed otherwise your child will not be permitted to leave the Academy site.

I agree to (please delete as appropriate):

I agree/disagree to my child taking part in the stated activity

I agree/disagree to the academy keeping a record of this form for health and safety reasons

I agree/disagree to consent to any medical treatment that my child may need be given in an emergency

I agree/disagree to my child being filmed/photographed during the activity

| Signature of parent/carer (with responsibility) | Date |
|---|----------|
| | |

End of form
