



Sherburn High School

Headteacher: Ms Miriam Oakley

Garden Lane, Sherburn In Elmet, Leeds, LS25 6AS

Tel: 01977 682442

Web: www.sherburnhigh.co.uk

Email: admin@shs.starmat.uk



Our Ref: MDH/HWN

17 November 2023

Dear Parents and carers,

Following the 'save the date' email that you received prior to the half-term holiday I have the pleasure of writing to provide you with further information regarding the 2024 Prom for Sherburn High School.

I am excited to tell you that this year we have elected to try something a little different. Our Prom will be held at Oulton Hall Hotel on Friday 28 June following the completion of the GCSE exam period.

Having visited Oulton Hall I was impressed by the facilities and surroundings in which we will be able to celebrate this milestone in your young person's school career. There will be much time and effort put into making this a memorable and landmark event. At present I can reveal that we will have use of the attractive backdrop of the eighteenth century hall for the all important arrival photographs followed by the impressive banqueting suite for a meal and entertainment.

Whilst further details will follow regarding the finer details of the evening we wanted to contact you at an early stage in order to alleviate some of the financial pressure which these events can place on parents and carers. To this end we are arranging for Prom tickets to be purchased in four equal instalments to spread the cost across the year as per the schedule below.

The total cost of a ticket to the evening is £40 with the following instalments to be made via ParentPay by the dates given:

- Friday 1st December 2023 - £10
- Friday 19th January 2024 - £10
- Friday 8th March 2024 - £10
- Wednesday 1st May 2024 - £10

Medication and Medical Conditions

If your child has taken any medication on the morning of the trip, **please fill in the form attached to this email** and send it to school with your child so that we have a record. If your child will need to take any medication on the day of the trip please make sure that it is **in its original packaging and placed in an envelope or sealed plastic bag with the name of your child on and details of when and how much needs to be taken**. Your child will need to hand the medication to me on the morning of the trip and this will be kept safe for them until they need to take it. **Please note that we will be unable to hand any spare medication back to students at the end of the trip**. Medication will need to be given directly to parents on collection or collected from the School's reception by a parent. Please also note that if your child has asthma they **MUST** have their inhaler/s on their person on the day of the trip otherwise they will be unable to go on the trip.

Educational Visits Policy and Insurance

This visit is organised under the school's Educational Visits Policy. To give consent for your child to take part in the visit please read the attached consent information and tick the consent box on parentpay when paying for the trip. You must **provide an emergency contact number and any medical conditions in the note box against the payment transaction line**. All students taking part in the activity will be covered by the RPA Personal Accident and Travel Insurance. If you wish to have details of this cover please contact the Business Manager.

All eligible members of Year 11 are invited to Prom and I look forward to spending an enjoyable evening socialising with them all. Unfortunately, in the event of a student receiving a suspension from school, they will become ineligible to attend. In the event that this occurs any monies paid up to that point will be refunded. Times of the evening will be given out closer to the event.



If there are any queries regarding any of the information relating to Prom please email me directly on matt.darnbrough@shs.starmat.uk.

Yours faithfully,

Mr M. Darnbrough

Head of Year 11
Sherburn High School

THIS DOCUMENT MUST BE READ BEFORE GIVING PARENTAL CONSENT ON PARENTPAY

Name of Visit: Y11 Prom
Date: Friday 28 June 2024

By ticking the consent box on the parentpay website, you have agreed to the following three consent statements:-

PARENTAL CONSENT STATEMENT

I would like my son / daughter to take part in the activity above

Please arrange for payment via the parentpay website www.parentpay.com and provide emergency contact details including your home number and a mobile phone number. Your child will not be accepted on the trip without consent, emergency contact details and payment.

MEDICAL CONSENT STATEMENT

My child is in good health and does not suffer from any condition requiring regular treatment or any complaint that may require emergency treatment and will not be excluded from any activities. I confirm that:-

1. There are no activities that I do not wish my child to take part in.
2. My child does not suffer from any condition requiring regular treatment
3. My child does not suffer from any condition which may require emergency treatment
4. I give my consent to any emergency medical treatment necessary during the course of the visit.

If your child does have a medical need or condition please let us know via the parentpay website by including details of the condition and what action we would need to take if applicable in the **note box** prior to sending your payment. This needs to be done for every trip irrespective of whether the school has previously been informed.

For insurance purposes, if your child suffers from a serious complaint, please send a letter to the school enclosing a letter from your doctor confirming your child is fit to participate giving details of the complaint and its treatment. Please note this in the box prior to making payment so that we know we are expecting a doctor's letter.

If we do not receive notes via parentpay regarding any medical conditions, we will assume there are no medical conditions and no restrictions to the activities your child can participate in during the visit.

COLLECTION ARRANGEMENTS CONSENT (if applicable)

I understand that the return time is after normal school hours. I will arrange for a responsible person to collect my son / daughter from the **school bus park** on **New Lane** where necessary.

The letter inviting your child on the school trip will inform you if the trip is returning after normal school hours together with an approximate return time. That information is also on the top of this form.

PHOTOGRAPHS AND VIDEO RECORDINGS

I consent to photographs and video recordings of my child to be used by school and services for teaching and coaching purpose and for use in marketing and publicity in line with relevant policies.

BEHAVIOUR AND CONDUCT

I understand that my child must adhere to any code of conduct and behaviour set out by the visit/activity leader, school, service or external provider.

Home Administration of Medication Record

Name of student and tutor group	DoB	
Number of GP and contact number		
Emergency contact details: Name	Contact number	
<p>Name of medication:</p> <p>Formula (e.g. tablets):</p> <p>(Name of student).....has already taken</p> <p>(dosage).....of the above named medication at (time).....</p> <p>Today. The next dose, as stated on the medication should be taken at</p> <p>(time).....</p> <p>Signed: (parent/carer)</p>		