

May 2018

Ref: 2017/256



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## To the Parents/Carers of Year 10 students

Dear Parent/Carer

We are pleased to inform you that your son/daughter has been invited to attend a residential trip in October 2018 at Mount Cook Adventure Centre, Matlock.

As I am sure you are aware, next academic year will be very important for your son/daughter and we are keen to ensure that they are given every opportunity to be successful. Therefore, the objective of this residential is to offer your son/daughter a wide range of activities that will support their learning of the core subjects; English, Mathematics and Science and allow them to develop essential revision skills whilst adopting a sense of resilience when faced with challenges.

Mount Cook Activity Centre offers an exciting range of outdoor activities including; climbing, fencing, archery and high-ropes combined with conference facilities that will give students the opportunity to participate in an active learning experience that will support their current GCSE studies.

Your son/daughter will travel from College at 10.30am on either the Monday or the Tuesday and return the next day at 2.00pm encompassing one night at the site. The trip is organised for either the 17/18 October or 18/19 October depending on your son/daughter's timetable. The cost of this is £74.00 and includes travel to and from the site, an evening meal, breakfast, lunch, three activities and 2 sessions in the conference suite delivered by trained professionals.

As you can imagine, we are eager for all students to participate in this fantastic opportunity and we hope that you will fully support us in this. There will be an information evening on **Monday 4 June 2018 at 6.00pm** where the staff attending will be happy to answer any of your questions.

To apply for a place for your child, please complete the consent form below, and return to reception with a **deposit of £35.00** payable to Landau Forte College Derby **by 11 June 2018**. The final payment should be made by 7 September 2018 however, if this is problematic there is the option to agree a payment plan. If you have any concerns about the cost of this visit, please contact Miss Lauren Walenziewski, PA to the Principal, in confidence. Please also complete the attached medical form and return to the College with the payment of the deposit, if you wish for your child to attend.

Yours sincerely

Handwritten signature of Mr P Harvey.

Mr P Harvey  
Head of Year 10

Handwritten signature of Miss C Noble.

Miss C Noble  
Head of Year 11



National Teaching School  
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The logo for the National College for Teaching & Leadership, featuring a crest with a crown and two lions.  
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Landau Forte College  
Fox Street  
Derby  
DE1 2LF

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**Year 10 Residential to Mount Cook (CN)**

Student Name: ..... PT: .....

I/ We give permission for my child to attend the Year 10 Residential to Mount Cook Activity Centre in October 2018 and I understand that the deposit is non-refundable once my child's place has been confirmed.

I have paid the deposit of £35.00 (via cash / Parent Pay\*).

\*Delete as appropriate

Signed: ..... (Parent/Carer) Date: .....

Name:.....

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**Information Evening – Monday 4 June 2018 (CN)**

I / We shall be attending the meeting. Number of seats required \_\_\_\_  
(Students do not need to attend; they will have their own gathering).

I / We cannot attend the meeting

Signed: .....(Parent/Carer) Date:.....

**LANDAU FORTE COLLEGE  
MEDICAL INFORMATION FOR OFF SITE VISITS**

**This form should be signed by a parent or carer**

**NAME OF VISIT: YEAR 10 RESIDENTIAL**

FULL NAME OF STUDENT \_\_\_\_\_ YEAR GROUP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

1a) Does your child suffer from any condition requiring medical treatment, including medication?  
YES/NO ?

If YES, please give details:- (for medication, please state the time of day and dose required).

\_\_\_\_\_  
\_\_\_\_\_

1b) Does your child suffer from any condition that will prevent them from participating in  
any activity? YES/NO ?

If YES, please give details:-

\_\_\_\_\_  
\_\_\_\_\_

1c) To the best of your knowledge, has your child been in contact with any contagious or  
infectious diseases, or suffered from anything in the last four weeks that may become  
contagious or infectious? YES/NO ?

If YES, please give details:-

\_\_\_\_\_  
\_\_\_\_\_

1d) Is your child allergic to any medication? YES/NO ?

If YES, please specify:-

\_\_\_\_\_  
\_\_\_\_\_.

1e) Is your child's tetanus injection up to date?  
YES/NO ?

If NO, it is your responsibility to attend to this before the visit departure date.

1f) Please outline any special dietary requirements of your child (if appropriate):-

\_\_\_\_\_  
\_\_\_\_\_

I will inform the Group Leader as soon as possible of any changes in my child's medical circumstances between the date signed and the start of the visit.

## 2. Declaration

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed \_\_\_\_\_ (Parent/Carer) Date \_\_\_\_\_

I agree to my child being administered with medication that is outlined in 1a)

Signed \_\_\_\_\_ (Parent/Carer) Date \_\_\_\_\_

I may be contacted by telephoning the following numbers:-

Work: \_\_\_\_\_

Home: \_\_\_\_\_

If not available at above, please contact:-

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

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**FOR ADMINISTRATION USE ONLY**  
COLLEGE NURSE