



Coopers School



An IB World School

CEO: Mrs S Puxty BSc (Hons) NPQH
Headteacher: Mrs S Wood BA (Hons) NPQH

'Enabling learners of today to become achievers of tomorrow'



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26 January 2018

Dear Parent/Carer

Re: GCSE PE trip to Cyclopark – Thursday 1 and Tuesday 6 February 2018

As you are aware GCSE Physical Education requires a high practical content. We have, therefore, organised a two day trip for PE students wishing to be assessed in cycling. This trip is particularly recommended for those students who may struggle with traditional sports such as netball or football.

The cost of the trip is £35. This cost covers hire of specialist equipment and staff and insurance as well as transport for both days.

If your son/daughter wishes to take part in this trip please complete the attached parental consent form and return it to Mr McCabe in the PE Office by 30 January.

Your payment of £35 should be paid through WisePay which can be accessed through the school website. If you need support using WisePay, please contact Mr Merry on dmerry@coopersschool.com.

Please note, your child will NOT be allowed to attend this trip if the parental consent form has not been returned.

If you have any queries please do not hesitate to contact me at lmccabe@coopersschool.com.

Yours faithfully

L. McCabe

Mr McCabe
Subject Leader – GCSE and BTEC PE
Head of Newton House

Chair of Governors: Andrew Downes
Senior Vice Principal: Matthew Baker
Vice Principals: Rob Carling | Hazel Hatch | Jane Salt | Niall Toal
Curious Creative Resilient Respectful Empathetic



Parental consent form for an off-site visit

Re: GCSE Cyclopark 1 February and 6 February 2018

I agree to (Student name) _____ taking part in the visit and have read the information letter.

I do not wish (Student name) _____ Form _____ to take part in this trip for the following reason: _____

- I acknowledge the need for him/her to behave responsibly.
- I confirm I have made my payment on WisePay. This can be accessed through the school website.
- I give permission for any photographs, which may be taken on the trip of the above-named student, to be used in school displays and/or on the website. Yes / No (please delete as appropriate)

Medical Information:

a) Does the above-named student have any condition requiring medical treatment, including medication? Yes / No

If yes, please give brief details: _____

b) Please outline any allergies, and the type of medication which may be given for pain/flu relief, if necessary:

Contact Information:

Name: _____ Relationship to student: _____

Telephone number 1: _____ Telephone number 2: _____

Home address: _____

Name of family doctor: _____ Telephone number: _____

Alternative Emergency Contact Information:

Name: _____ Relationship to child: _____

Telephone number: _____

Declaration

I agree to the above-named student receiving medication as instructed and to any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I will inform the Group Leader / Principal as soon as possible of any changes in my child's medical or other circumstances between now and the commencement of the trip.

Name (print): _____ Date: _____

Signed: _____ Relationship to student: _____