



Coopers School



An IB World School

CEO: Mrs S Puxty BSc (Hons) NPQH
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'Enabling learners of today to become achievers of tomorrow'



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23 January 2018

Dear Parent/Carer

Re: Year 12 Photography Trip: Chislehurst Golf Club, Camden Place - Friday 26 January 2018

On Friday 26 January 2018 I propose to take the Year 12 Photography group to Chislehurst Golf Club.

The purpose of our visit is to prepare and develop visual research material for our current project work and for our entry for the Alun Jones awards, a local competition organised by The Chislehurst Society.

On arrival at Camden Place we shall receive a short introductory talk and then explore the building taking photographs. Students will be issued with an itinerary and an assignment sheet. We will be taking photographs throughout the visit and, therefore, a camera with fully charged batteries is required.

The trip is based on exploring Camden Place which was once the home of Emperor Napoleon III of France (nephew to Napoleon Bonaparte), and we may be able to take photographs both inside and outside. An umbrella could prove useful if it is a rainy day, as would sensible footwear. Students will need to exercise caution and common sense in their self-conduct during the course of this visit.

We will leave Coopers promptly at 9.15am and walk the short distance to Camden Place. We aim to return to school in time for the start of break at 11.05am – there is no cost involved.

I am sure that this trip will provide real opportunities for creating excellent photographs, and I would be grateful if you would complete the attached parental consent form and ensure your child bring this with them on Friday.

Yours faithfully

N. D. Johnson

Mr N Johnson
Subject Leader – Photography

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

Year 12 Photography Trip: Chislehurst Golf Club, Camden Place

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 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: _____