



**EPA New York Trip**  
**Saturday 06 April - Wednesday 10 April 2019**

Dear Parent/Guardian,

The Expressive and Performing Arts department will be running the very successful New York trip again next year. The trip is **open to any student but** preference will be given to those taking Dance, Drama, Music, Art, Textiles and BTEC Performing Arts in Y10. There are limited places available and pupils behaviour will also be considered when deciding who goes.

Please be aware this is a **four day trip and arriving back on the fifth day.**

**The overall (estimated) price is £1400 which includes:**

- Flights from Manchester to New York
- Broadway workshop or MOMA entrance
- TV and Movie tour of NYC
- Empire State Building admission
- Rockefeller ice-skating
- Statue of Liberty & Ellis Island Ferry
- Broadway Show Tickets
- Bubba Gump's meal – Forrest's Menu
- Ellen Stardust Meal
- Hard Rock Café Meal
- 3 nights accommodation and breakfast (coffee and muffins)
- Airport Transfers
- Lunch money for four days (\$10 per day)
- Travel insurance
- Visit to Ground Zero

**\*\*This price may change slightly when the flights are released\*\***

**A non-refundable deposit of £200 is payable by Friday 11<sup>th</sup> of May, to secure a place on this trip followed by a second non-refundable deposit of £200 on Friday 15<sup>th</sup> of June.** Once you have paid the first non-refundable deposit you are committed to pay the second also, even if your child decides they are not travelling. If your child is not successful, obtaining a place on the trip, your deposit will be repaid in full.





The remaining payments will be split as follows:

Payment Plan for NYC Trip:

Payment Date:	Amount Due:
Monday 17 <sup>th</sup> Sept	£200
Monday 15 <sup>th</sup> Oct	£200
Monday 19 <sup>th</sup> Nov	£200
Monday 17 <sup>th</sup> Dec	£200
Monday 14 <sup>th</sup> Jan	£200

Once your child has a confirmed place on the trip then you will be able to make payments online.

**We are hoping there will be no added costs once everything is confirmed.**

Further information needed to secure a place for your child on this trip:

- **Attached reply slip with subject choice**
- **£200 non-refundable deposit**
- **School Parental Consent Form – (email address is vital as this is the easiest way for me to contact you)**
- **Photocopy of the photograph page of your child’s passport (passports must be valid for the duration of the trip – This is not of immediate importance but should be handed in as soon as possible)**

In order for the students to get the most out of the visit each subject area has its own itinerary, this means that they will have to choose either Musical Theatre **OR** Art to study in New York. Art students will go to the MOMA and pupils who have chosen Musical Theatre will do a Broadway workshop with working actors, dancers and musicians.

There is a lot of information for you to send back but this is necessary for the smooth running of the visit and security for the students.

**STUDENTS NEED TO HAND THEIR DEPOSIT AND FORMS TO THE LOWER SCHOOL OFFICE IN AN ENVELOPE MARKED FOR MRS ANTELL - EPA NEW YORK 2019 as soon as possible but before Friday 11<sup>th</sup> May.**

Cheques to be made payable to ‘Bridgewater High School’. If you have any further questions or problems please do not hesitate to contact me.

Yours sincerely,

Mrs Beth Antell  
Trip Leader

If you have any further queries, please contact me directly on [b.antell@bridgewaterhigh.com](mailto:b.antell@bridgewaterhigh.com)





FAO: Mrs Antell

### **EPA New York Trip 2019**

I give my son/daughter \_\_\_\_\_

Form: \_\_\_\_\_

permission to go on the EPA New York Trip from **Saturday 06 April - Wednesday 10 April 2019**

The subject they have chosen in New York is (please circle **ONE** – I cannot book your child’s place without this information)

**MUSICAL THEATRE**

**ART**

### **I have enclosed**

- **This attached slip**
- A non-refundable deposit of £ .....
- School Parental Consent form
- Copy of the photograph page of my son/daughters passport

Signed (parents/guardian) \_\_\_\_\_

Date : \_\_\_\_\_

### **EPA New York Trip 2019**

I give permission for my son/daughter \_\_\_\_\_ to be photographed and those photographs to be used on the school twitter account and the website.

Signed (parents/guardian) \_\_\_\_\_

Date : \_\_\_\_\_

The email to use should you need to contact me or send me information is: \_\_\_\_\_

which belongs to \_\_\_\_\_. Parent / Carer/ Other \_\_\_\_\_





## EDUCATIONAL VISIT: Parent Consent Form

This form is to be completed by the parent/guardian of a young person under the age of eighteen (or by the person concerned if over eighteen) before participation in an Educational Visit will be permitted.

Surname			
Forename(s)			
Form			
Place of Birth (e.g. Warrington)			
Current Address of Participant			

Trip			
Date of Trip			

### 1. DECLARATION

I, .....  
*(name of parent/carer/participant over 18)*  
 being the parent/carer/participant over 18 of .....  
*(name of participant)*

hereby give permission for him/her to take part in:

I have read the information given and agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part throughout the period. I am satisfied that all reasonable care will be taken for the safety of those participating.

I wish\*/do not wish\* for my son/daughter to take part in supervised swimming  
 \* please delete as necessary

### 2. MEDICAL INFORMATION

Does the participant suffer from any conditions requiring medical treatment, including medication?

Yes  No

If yes, please give details below (NB medication given to staff for safekeeping must be clearly labelled with the contents, the dosage and the child's name)

.....

Will this condition have any effect on his/her ability to participate fully in the course or activity or holiday?

Yes  No

Does the participant suffer from any allergies, especially to medication?

Yes  No

If yes, please specify.....

For insurance purposes please state any physical disability:

.....

Does the participant have any special dietary requirements (e.g. vegetarian, Halal, fat free etc)?





Yes  No

The participant's family doctor:

Name: .....  
Address: .....  
Tel No: .....

### 3. EMERGENCY CONTACTS

During the visit, those people to be contacted in an emergency are:

FIRST CONTACT NAME: .....  
Relationship to Participant: .....  
Address: .....  
Tel Home: .....  
Work: .....  
Mobile: .....  
Email: .....

SECOND CONTACT NAME: .....  
Relationship to Participant: .....  
Address: .....  
Tel Home: ..... Work: .....  
Mobile: .....  
Email: .....

### 4. DECLARATION

I agree to .....  
*(full name of participant)*  
receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand that insurance may cover this eventuality but agree to reimburse the Headteacher against any out of pocket expenses incurred on my child's behalf.  
I undertake to inform the lead of any change in the medical circumstances between the date I sign and the commencement of the journey.  
I understand that for visits of over 24 hours duration, the school has a group insurance policy which may be inspected upon application.

Signed ..... Date.....  
*(parent/carer/participant over 18)*

