

REF/HPS/jd/GCSE Art Leeds  
This trip is being overseen by Mrs H Partridge

Dear Parent/Carer

**Re: GCSE Art Photography visit Leeds – 16th October**

Your son/daughter has the opportunity to attend an art and photography visit to The Art Gallery Thursday 16<sup>th</sup> October 2014. Students will travel by coach from school. They should meet outside the front of school at 8.40. We return trill return in time for the buses at 3.15.

Unfortunately there are a limited number of places. Students will be placed on the trip on a first come first serve basis. It is important that the attached medical and consent forms are returned at the same time as money and reply slip to the art department.

The cost of this visit will be £22.00. We require the full amount by Wednesday 24<sup>th</sup> September. The cost includes the coach journey and an artist led workshop at the Leeds Art Gallery.

This is a perfect opportunity for students to extend their knowledge of art and photography within a stimulating environment.

A packed lunch will be needed on the day and students should wear casual clothing and suitable footwear. Students can also bring a small amount of money as there will be opportunities to purchase snacks, postcards etc.

If your son/daughter is excluded from the trip for breaking school rules or for any other reason then any payment that has been received from you will be non-refundable. This is due to the non-refundable nature of deposits once paid by the school to the trip provider.

By signing and returning the attached Form 4 and 5 you are giving permission for your child to take part in this trip. . This payment should be made via parentpay. If you are unable to use parent pay or do not have an online parentpay account please submit the payment through the finance office.

Yours faithfully

H Partridge  
Leader of teaching & learning in art and design

P Cummings  
Headteacher

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**Eckington School**  
**GCSE Art & Photography visit to Leeds- Thursday 16th October**

**Student Name .....**      **Form .....**

Signed..... Date.....  
(Please ensure both medical and consent forms are completed and attached.)