



# SIR THOMAS BOTELER

CHURCH OF ENGLAND HIGH SCHOOL  
THROUGH GOD, WE CARE

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SB/CO/VISITS/COLOMENDY/2024/FINALARRANGEMENTLETTER

9<sup>th</sup> May 2024

Dear Parent/Carer,

On Monday 3<sup>rd</sup> June 2024 students going to the Colomendy Residential Centre should arrive at school at the normal time of 8.25am. Students will be able to drop their bag off in the school Hall and will attend periods 1-3 as normal. Students will have an early lunch at 12.15pm and the canteen will be available to purchase school meals and for students to eat their packed lunch. The departure time from school is scheduled for 13.00pm. Uniform is not necessary.

I will meet with all students to discuss code of conduct and the trip itinerary. Students will be placed in a room with at least one close friend. I will do my up most to accommodate requests and ensure your child is comfortable with their room arrangements.

There are a few final details you need to know which are detailed below. Please ensure you read through this important information with your child.

- If students bring money, it should be no more than £10 as there is only a small shop selling a limited number of items, on site. Colomendy request students bring change rather than notes if possible. Students are responsible for looking after all money themselves.
- It is advised that students do not bring mobile phones. There is little phone reception at the centre and students will not be able to have phones on them during activities. If you child chooses to bring their phone then it is their responsibility to look after it.
- Colomendy and school staff cannot accept liability for the loss of any personal property. This is why we ask you not to bring anything valuable, including expensive clothing and footwear, mobile phones, handheld games consoles, cameras etc.
- All students must care for, and take responsibility for, their own belongings and should not interfere with other students' property.
- Students requiring medication should bring this with them in a plastic bag clearly labelled with their names, dosages and any instructions for administration. ALL medication MUST be handed to school staff accompanying the students on the trip. Students must not leave medication in cases/bags for Health & Safety reasons.
- Please complete the attached forms and return to school by **Friday 17<sup>th</sup> May**.

PTO



PART OF THE CHALLENGE ACADEMY TRUST

TCAT, C/O BRIDGEWATER HIGH SCHOOL, BROOMFIELDS ROAD,  
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• HIGH EXPECTATIONS | HIGH ASPIRATIONS | HIGH STANDARDS | YOU WILL SUCCEED

- On the journey to and from Colomendy, and whilst at the Centre, students must listen to, and follow, all Health & Safety instructions so that silliness, “messaging about” or careless behaviour does not result in injury to themselves or others.
- Any poorly behaved students will be taken off activities and, if especially badly behaved, we will not hesitate to contact parents/carers to come and pick their child up.
- It is likely that there will be a poor mobile phone signal, however contact can be made using the Colomendy site land-line number, 01352 811000.

We expect to return to school between 3.00pm – 3.30pm on Wednesday 3<sup>rd</sup> June 2024. Students may be picked up from the Ball Hall car park. If there is a significant change in our expected arrival time, arrangements will be made to contact you and inform you of such changes.

Further information can be found in the attached packing checklist.

Yours faithfully,

Mrs Brown  
**Head of Year 7**

# **PACKING CHECKLIST**

**Please use the following checklist to help pack bags:**

- One bath towel
- Toiletries bag containing: toothbrush, toothpaste, soap, hairbrush etc
- 2 pairs of PJs
- Socks and underwear
- Three t-shirts (at least one with long-sleeves)
- Three sweatshirts
- Three pairs of trousers, jeans, leggings or tracksuit bottoms
- Waterproof jacket
- Sturdy shoes or wellingtons
- One pair of old trainers
- Water bottle
- Hat and sunscreen

**\*Please note that most activities require long sleeves.**

In case of lost property, please put your child's name on all items of clothing.



Dear Parent/Carer

**Kingswood, Colomendy Visit – June 2024**

It is a condition of acceptance that the School Governors have the information requested below. Please complete this form and return it as soon as possible. The information you provide is essential for the safe administration of the visit, and it will be treated as confidential.

1. Full name of student \_\_\_\_\_ Form Group \_\_\_\_\_

2. Age \_\_\_\_\_ 3. Date of birth \_\_\_\_\_

4. Present address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 Parent/Carer's name  
\_\_\_\_\_

6. Home telephone number (including area code) \_\_\_\_\_

7. Mobile Phone No. (1) \_\_\_\_\_ Name \_\_\_\_\_

(2) \_\_\_\_\_ Name \_\_\_\_\_

**8. Dietary requirements**

Please outline any special dietary needs of your child, including vegetarianism, nut allergies etc. Pupils must understand that it will not be possible to alter this once we are away.

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

**11. Medical information about your child**

Please state whether your child suffers from asthma/epilepsy or any other medical condition we ought to be aware of. Please include where appropriate a list of medication and dosages

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

12. Is your child allergic to any medication?

YES/NO

If YES, please specify

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13. Please outline the type of pain relief medication your child may be given if necessary.

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When did your child last have a tetanus injection? \_\_\_\_\_

14. 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 be contagious or infectious?

If YES, please give details?

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Please complete and return this form to Miss C Owen in the main office.

The Group Leader/Head Teacher will be informed as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

## **Parental Declaration**

In the **extremely unlikely** event of the need for an operation, and the **even more unlikely** event that we cannot contact you first, can you please complete the following declaration. We should naturally do our utmost to ensure the safety of all procedures and blood products, but parents must be aware that we cannot take responsibility for their son/daughter if they answer 'NO' to the following declaration.

## **Parental/Carer Consent**

I agree/disagree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **Contact telephone numbers**

### **Alternative emergency contact**

Name \_\_\_\_\_

Tel No \_\_\_\_\_

Mobile \_\_\_\_\_

Relationship to student \_\_\_\_\_

Many thanks for your co-operation in completing this form.