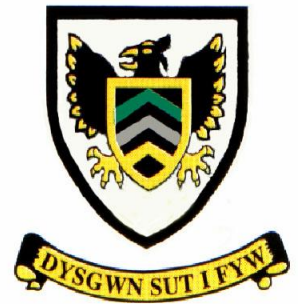


YSGOL GYFUN BRYNTIRION BRYNTIRION COMPREHENSIVE SCHOOL

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Headteacher/Prifathro N.B. Brain B.A. (Hons), M.Ed.



5th December 2017

ICE SKATING/CINEMA TRIP 19th DECEMBER 2017

Dear Parent/Guardian

We are organising an end of term activity for Years 7, 8, 9 and 10 as a reward for their good behaviour and hard work. Pupils have a choice between going ice skating to Ice Arena Wales in Cardiff or to the Odeon Cinema in Bridgend to see Star Wars-The Last Jedi on Tuesday 19th December at a cost of £10 per child. This includes two hours ice skating, skate hire and transport for those going skating and a cinema ticket, transport and sweets & drink for those going to the cinema. We will return in time for lunch and last lesson. Due to the nature of the activity pupils do not have to wear school uniform for the day, but we would emphasise the need for appropriate and practical attire.

If you would like your child to attend please complete the consent form and return to the school with a non refundable payment of £10 as soon as possible. Please note that as the trip is intended as a reward, we reserve the right to exclude pupils from the activity if their behaviour and attitude are not satisfactory.

Yours sincerely

Mr N Brain
Headteacher



ICE SKATING TRIP 19th DECEMBER 2017

I give permission for my childof form.....
to attend the Ice Skating trip to Ice Arena Wales in Cardiff on Tuesday 19th December and enclose
a non refundable payment of £10 to cover the cost of ice skating, skate hire and transport. In an
emergency I agree to my son/daughter receiving emergency medical treatment as deemed
necessary by school staff and the appropriate medical authorities. Please note below any medical
conditions or allergies we should be aware of that may affect your child during the trip.

Signed:.....Date:.....

Medical Condition:.....

Emergency Contact Tel No:.....

CINEMA TRIP – STAR WARS – THE LAST JEDI - 19th DECEMBER 2017

I give permission for my childof form.....
to attend the Odeon Cinema in Bridgend on Tuesday 19th December and enclose a non refundable
payment of £10 to cover the cost of the cinema ticket, transport and sweets & drink.

Please tick chosen film:-

In an emergency I agree to my son/daughter receiving emergency medical treatment as deemed
necessary by school staff and the appropriate medical authorities. Please note below any medical
conditions or allergies we should be aware of that may affect your child during the trip.

Signed:.....Date:.....

Medical Condition:.....

Emergency Contact Tel No:.....

