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Chief Executive: Mr D Judson, BEd, NPQH  
Head of School: Mr N Lindsay, BA (Hons), NPQH

17 September 2021

Dear Parent / Carer,

## Re: 4Motion Skatepark Visits (0012-21KTH)

Your child has the opportunity take part in a series of educational visits to 4Motion Skatepark, Darlington as part of their Year 11 PE lessons. The visits aim to build skills in a discipline where pupils have shown an interest and to act as a positive incentive. For those pupils who have no experience in Action Sports such as Skateboarding and Scooting, the visits provide an opportunity to try a new sport and develop important transferrable skills.

Sessions will take place weekly during Year 11 PE lessons, period 5 on a Friday and will continue for the remainder of the half-term with the exception of Friday 1<sup>st</sup> October. We will look at scheduling a fifth session following October half-term.

### Session 1 - Friday 24<sup>th</sup> September 2021

### Session 2 - Friday 8<sup>th</sup> October 2021

### Session 3 - Friday 15<sup>th</sup> October 2021

### Session 4 - Friday 22<sup>nd</sup> October 2021

On the above dates, pupils will leave school at 2:20pm, travelling to the skatepark by school minibus and will return for approximately 4:00pm.

Pupils can bring their own skateboard / scooter and are required to wear safety equipment, including a helmet and pads. For those pupils without equipment, the cost of hiring equipment is included in the cost of the visit. It is advisable for pupils to bring appropriate clothing with them, ideally items that cover arms and legs.

The cost of each session is £4.00, a total of £16.00 until half term. Payments can be made online via Parentmail. Alternatively, payments can be made by card, cash or cheque at main reception. Cheques should be made payable to Longfield Academy. Please note, if you have a household income of less than £17,500 or your child is eligible for free school meals, there is a grant for financial assistance that can help pay towards the cost. An application form for this grant is attached

If you would like your child to attend the visit, please complete the attached reply slip and indemnity form, returning them to myself no later than Wednesday 22<sup>nd</sup> September 2021.

If you have any further queries regarding the visit, please do not hesitate to contact me via main reception or by email [kthompson@longfield.swiftacademies.org.uk](mailto:kthompson@longfield.swiftacademies.org.uk) .

Yours faithfully,

Mr K Thompson  
Assistant Headteacher





**For the attention of Mr Thompson**

**4Motion Skatepark Visits**

**Session 1 - Friday 24<sup>th</sup> September 2021**

**Session 2 - Friday 8<sup>th</sup> October 2021**

**Session 3 - Friday 15<sup>th</sup> October 2021**

**Session 4 - Friday 22<sup>nd</sup> October 2021**

I wish for my child to take part in the above programme.

To comply with General Data Protection Regulations (GDPR) we need your consent to take images of your child and use them as part of school displays and newsletters, on the school's website, on social media and in printed publications.

Please tick the corresponding boxes if you are happy for your child's name and/or photograph to be used in conjunction with the above event:

Name                       Photograph

Pupil Name  
.....

Form  
.....

Parent/Carer  
.....

Signed .....

Date  
.....

Emergency Contact (Name & Telephone)  
.....

Medical Information  
.....  
.....  
.....





**DISADVANTAGED SUBSIDY FUND**

**APPLICATION FOR FINANCIAL ASSISTANCE**

(Students Name and Details)

<b>SURNAME:</b>	
<b>FORENAMES:</b>	
<b>HOME ADDRESS:</b>	
<b>DATE OF BIRTH:</b>	

<b>PURPOSE FOR FINANCIAL ASSISTANCE - eg Trip, Sporting/Musical Activity, Equipment etc</b>	
<b>4MOTION SKATEPARK VISITS</b>	
<b>COST OF ACTIVITY/EQUIPMENT</b>	<b>£16.00</b>
<b>AMOUNT REQUESTED*</b>	<b>£14.00</b>
<b>PARENTAL CONTRIBUTION</b>	<b>£2.00 *</b>
<b>Residential trips can receive a maximum amount of £200 funding dependent upon the cost of the trip</b>	
<i>* Please note that only 90% of the total cost can be granted up to a maximum amount of £160 for Non-residential trips.</i>	
<i>*Parental contribution is rounded up to nearest £</i>	
<b>APPLICATIONS WILL ONLY BE CONSIDERED IF THE HOUSEHOLD INCOME IS UNDER £17,500 (EVIDENCE OF INCOME MUST BE PROVIDED TO THE SCHOOL) OR ELIGIBLE FOR FREE SCHOOL MEALS.</b>	
<i>Documentation may include: Inland Revenue TC602, Income support or Education Maintenance Allowance papers. (if you are eligible for free school meals the school may already have this information)</i>	

**Any other information you would like to add in support of your application:**

**Signature .....** **Date**

.....

**(Parent/Carer)**

**Please return this form to the school with appropriate documentation to support the application.**

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**Declaration by school/college**

**(Confirmation of document seen to support proof of income)**

**Please State:**

**Signature .....**

**Date .....**

**Position .....**

**Educational / Recreational Visits: Parental Consent & Indemnity**

Please complete this form as fully as possible. The completing of this form will not only consent the pupil stated below to attend and participate in activities as described in documentation from the school / establishment, but also, provide essential information in the event of an emergency. If you have any queries as to the nature of activities or conduct of the educational / recreational visit, please do not hesitate to contact the group leader in charge of the visit.

**Details of Visit: 4Motion Skatepark Visits**

**Date: Friday 24<sup>th</sup> September 2021, Friday 8<sup>th</sup> October 2021, Friday 15<sup>th</sup> October 2021, Friday 22<sup>nd</sup> October 2021**

**Name of Pupil:** ..... **Form Group:** .....

**Home Address:** .....

**1<sup>st</sup> Contact Name:** ..... **Tel. Number:** .....

**2<sup>nd</sup> Contact Name:** ..... **Tel. Number:** .....

**I hereby consent to the attendance of my child, upon the above educational / recreational visit when the person(s) in charge of the party will be appointed by Longfield Academy. I also agree to their participation in any or all of the activities involved. I acknowledge the need for obedience and responsible behaviour on their part.**

**Medical Information**

a) Does your child have any conditions that we need to be aware of? (social, emotional, medical etc. **YES / NO**

Please give full details

.....  
.....

b) Does your child require any medication? **YES / NO**

If YES - please give brief details and describe the medication, dosage and frequency required:

.....

**I further consent to the giving of any such urgent medical or surgical treatment, including anaesthetic to my child, as considered necessary by the medical authorities present as a result of an emergency during the educational / recreational visit.**

c) Is your child allergic to any medication? **YES / NO**

If YES, please give brief details

.....

d) Is your child travelsick? **YES / NO**

Please specify any **medication** you will supply to alleviate this:

.....

e) Has your child been in contact with any contagious or infectious **diseases** or suffered from anything in the last four weeks that may be or may become contagious or infectious? **YES / NO**

If YES, please give brief details

.....

f) Is your child **allergic** to anything? e.g. Wasps, fish, milk etc. **YES / NO**

If YES, please give brief details

.....

g) Has your child had a **tetanus** injection in the last five years? **YES / NO**

If YES, please give brief details

.....

h) Does your child have any **dietary intolerances**? **YES / NO**

If YES, please give brief details

.....

i) Please specify any **dietary requirements** for your child:

.....

j) I also give my permission for staff to administer any painkillers if necessary for headaches / toothaches etc. (preferred painkiller – **if yes please give details of preferred type:**

.....

**DECLARATION**

Please read and sign to acknowledge your agreement and consent. If you have any reservations or queries in connection with the educational / recreational visit, please contact the group leader in charge.

**In consideration of the person in charge of the visit agreeing to the inclusion of my child as a member of the visit, I hereby undertake to indemnify him/her and any other member of the visit against any reasonable expenses incurred on behalf of my child during the visit.**

**Signed:** .....**Parent / Carer**

**Date:** .....

**Once complete, please return this form to: Mr Thompson**