

April 2025

Headteacher - Patrick Earnshaw

Deputy Headteacher - Mathew Downs

Assistant Headteacher (Head of Sixth Form) - Lisa Swan

Dear Parent/Guardian and Student,

Residential Ecology Field Trip
Monday 14th – Wednesday 16th July 2025

We are pleased to confirm the details of the Ecology field trip. The work covered will form part of the A2 Unit 2 program of study to include biodiversity, classification, distribution of plants and animals, populations, conservation and practical ecological sampling techniques. Whilst on the field trip we will also undertake practical controlled assessments which will contribute towards PAG tasks for the A2 course.

Our field trip arrangements will be:

- Depart from Highcliffe School on Monday 14th July at 08.45
- Complete field studies at Knoll Beach, Studland Bay and Kimmeridge Bay
- Complete field studies in the River Piddle and Leeson House
- We would return to Highcliffe School for approx. 15:00 on Wednesday 16th July

Students will need the following:

- **FOR DORMITORY** Single sheet, duvet cover and 2 pillow cases
- **FOR CAMPING** Suitable ground mat/sleeping bag/pillow
- Casual clothing – warm and waterproof suitable for 3 days' studying on an exposed area of coastline
- Sun protection including a hat and SPF cream
- Casual clothes and 'slippers' to wear indoors at Leeson House
- Waterproof boots/wellington boots
- Small rucksack or similar
- Overnight 'kit'
- Small amount of spending money
- **Packed lunch for 14th July**
- Notebook and pen/pencil (laptops can be brought and these can be stored securely)

I am pleased to advise you that the school will subsidise the cost of this educational experience. However, it is still necessary to ask for a contribution of £165.00 for each student towards full board and accommodation costs. Payment should be made using the school's on-line WisePay facility. Please make a note of your Wisepay receipt reference, as you will need to provide this on the attached medical form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.



STUDENT NAME TUTOR

TO BE RETURNED TO MR CRAVEN AS SOON AS POSSIBLE

We have a large number of students in the cohort this year and Leeson House have offered us a combination of dormitory rooms and tented accommodation on site. Please indicate on the reply slip of your preferred choice for accommodation.

If you would like your child to participate in this field trip, please complete and return the attached consent form and medical form and return to school as soon as possible. Please also make us aware of any dietary requirements.

If you have any queries about the trip please do not hesitate to contact us at the school.

Yours faithfully,

Mr R Craven
Head of Biology





STUDENT NAME TUTOR

TO BE RETURNED TO MR CRAVEN AS SOON AS POSSIBLE

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event: Leeson House		Date: Monday 14 th – Wednesday 16 th July 2025	
Student Name:			
MEDICAL / EMERGENCY CONTACT INFORMATION			
PRIMARY EMERGENCY CONTACT DETAILS		ALTERNATIVE EMERGENCY CONTACT DETAILS	
Name of contact:		Name of contact:	
Contact telephone number:		Contact telephone number:	
Relationship to student:		Relationship to student:	
STUDENT'S MEDICAL INFORMATION			
Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip			
Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	YES / NO
If the answer to any of these questions is YES, please give details:			
TRIP PAYMENT - All trip payments are to be made using WisePay			
I have paid using WisePay and my reference number is			
CONSENT DECLARATION			
I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.			YES / NO
I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip.			YES / NO
I give consent for my child to be photographed during the event and for these photographs to be used in school media.			YES / NO
Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.			YES / NO
Signed:		Print Name:	Date:

Please tick here if you prefer **Dormitory** accommodation ☐Please tick here if you prefer **Camping** accommodation ☐Please tick here if you have no accommodation preference ☐