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Head: Jane Partridge

1 May 2018

Dear Parent

### Thorpe Park Maths Workshop Trip – Wednesday 18 July 2018

We would like to give your son the opportunity to take part in a Maths workshop at Thorpe Park on Wednesday 18 July 2018. The aim of the visit is to enrich his current mathematical understanding and to provide an opportunity to appreciate the application of mathematics in this type of environment. The workshop will last approximately 30 minutes, therefore there will be more than enough time to experience the rides. Students will be expected to be at school for 8:10am and we are aiming to arrive back at school for approximately 6:00pm, depending on traffic. The cost of the trip is £32.00 which includes travel and entrance to the park.

Your son will need to bring a packed lunch with him or a small amount of cash to buy food at the venue, but please be aware that prices are quite expensive. Students eligible for free school meals should indicate this on the reply slip and a packed lunch will be provided for them by the school restaurant. Students will not be expected to wear school uniform, however, please wear sensible shoes and comfortable clothing for the day.

Spaces are limited and will be dependent on your son's behaviour in his maths lessons. Priority will also be given to those students that promptly return their reply slip with fees before Wednesday 30 May 2018.

Yours sincerely



**Mr B Griggs**  
Curriculum Enrichment Co-ordinator

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**Reply Slip – Thorpe Park Maths Workshop, Wednesday 18 July 2018**

I/We give permission for: \_\_\_\_\_ LC: \_\_\_\_\_  
to take part in the above trip. I enclose £32.00 to cover the cost of the trip.

My son is entitled to free school meals and requires a packed lunch. Yes  No

Should the necessity arise, I/We agree to the person in charge of the party giving consent on my/our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.

Please give any details of Medical conditions, allergies or special dietary requirements below:

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

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

**Please return the reply slip, with payment to Mr Griggs, Zone 5. No later than Wednesday 30 May 2018**