

01 November 2019

Dear Parent

No Turning Back Experience - Wednesday 20 November 2019

As year 12 students become older, and gain more freedom, learning to drive, and being passengers in their friend's car, we are keen to promote some safety awareness. As I'm sure you have often heard, research shows that the combination of youth and inexperience puts younger drivers at high risk of being involved in an incident.

The No Turning Back Experience aims to help young people learn from the experience of others, improve their safety and give them the skills they need to make better-informed decisions in all driver and passenger situations.

Students should bring a packed lunch (no glass bottles), food will not be available at the venue. Students eligible for free school meals should indicate this on the reply slip and a packed lunch will be provided for you by the school restaurant.

The cost for the trip will be free as we will be travelling by coach. You will need to be at school by **11:15am** to leave prompt at **11:30am**, as we are required to be at Maidstone by 12:00pm. We should return to school at the latest by 15:00pm, depending on traffic.

Your son/daughter is not required to wear school uniform; however, sensible shoes and warm clothing would be advisable (no hoodies please).

There are limited spaces, so the trip will be run on a first come first served basis.

Yours sincerely



Mrs D Setters
Trip Leader

Reply Slip: No Turning Back Experience

Student Name: _____

I/We would/would not like our son/daughter to attend the above trip.

I give/do not give permission for my son's photo to be taken on the residential, which may be used for extended services and school publicity.

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.

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

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

Signed: _____ Date: _____

Emergency Contact Details

Contact Name: _____

Contact Number: _____

(Please return to *name*)