Wednesday 8th January 2025

Dear Parents/Carers,

Your child has been chosen to take part in a 3- day residential at Whitehall in Buxton. This will be taking place from Monday 27th –  Wednesday 29th of January. We will be leaving at 9am on the Monday the Students  can come into school wearing the clothes that they will be travelling in. Your child will be back by 3.00pm on the Wednesday.

This opportunity has been given to St Philip Howard from the Thomas Theyer Foundation who have funded 16 places. Transport will be provided to and from White Hall. Breakfast lunch and dinner are included. Along with use of specialist equipment. The foundation supports the development of students with SEN or experiencing challenges, through encouraging the benefits of the great outdoors and is designed to develop physical and mental well being.

Your child will need to bring the following:

* A small amount of cash for the onsite tuck shop
* 3 pairs of trainers (some activities are water based)
* Walking boots (if you have them)
* Waterproof coat/warm jacket
* Gloves
* Hat
* Underwear for 3 days
* Towel & Wash kit
* Thick socks for walking boots
* Jogging bottoms x 3
* T shirts x 3
* Hoodies / jumpers x 3
* Small rucksack
* Water bottle

Your child can bring a mobile phone on the trip, but academy staff / Whitehall staff will not be responsible for any loss or damage.

Should your child require any medication during the trip, please hand this to Miss Wright on the morning of the trip. This should be in a container/envelope and be clearly labelled.

Yours sincerely,

Miss V Wright

SENCO

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

If you are happy for your child to attend the residential please complete the below and return it by Friday the 10th of January.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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