



**THE BULWELL  
ACADEMY**  
*Creative  
Education  
Trust*

25 June 2025

Dear Year 7 Parents & Carers

### **Residential Trip to Walesby Forest**

I hope this letter finds you well. I am writing to inform you about an exciting opportunity for our Year 7 students at The Bulwell Academy. We are planning a residential trip to **Walesby Forest, Brake Road, Walesby, Newark. NG22 9NG**. This will be fully funded by the academy.

### **Students will be split up into two groups as follows:**

- **Group A:**  
Departure: Wednesday, 17th September at 10:00 AM  
Return: Thursday, 18th September at 12:00 PM
- **Group B:**  
Departure: Thursday, 18th September at 10:00 AM  
Return: Friday, 19th September at 12:00 PM

**Activities:** While the specific activities are yet to be confirmed, students will have the opportunity to engage in team-building exercises, adventurous activities and make new friends during their stay.

### **Meals:**

- Students eligible for free school meals will have lunch provided on the first day.
- Students who are not eligible for free school meals should bring a packed lunch for the first day.
- All meals on the second day and the evening meal on the first day will be provided for all students.

**Pre-Trip Meeting:** We will hold a pre-trip meeting in September 2025 to discuss the trip in more detail and answer any questions you may have. This date is yet to be confirmed.

**Consent Form & Off-Site Visit Form:** Please complete and return the reply slip overleaf and the off-site visit form by **Tuesday 1 July**. It is crucial that we receive these by the deadline to finalise arrangements and inform you of the group your child will be in for the residential.



**Next Steps:**

1. Complete the reply slip below and the offsite visit form (confidential information document)
2. Return the reply slip and the form by Tuesday 1 July
3. Attend the pre-trip meeting in September 2025 (date to be confirmed)

If you have any questions or concerns, please feel free to contact the school office. We look forward to providing an enriching experience for your child.

Please feel free to contact me at [emma.worker-simpson@bulwellacademy.org.uk](mailto:emma.worker-simpson@bulwellacademy.org.uk) if you require any additional information.

We look forward to an exciting and memorable trip!

Yours sincerely

*E Worker-Simpson*

**Emma Worker-Simpson**  
**Assistant Principal**

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**REPLY SLIP – RETURN TO TUTOR BY 1 JULY:**

**Residential Trip to Walesby Forest**

**Student's Name:** \_\_\_\_\_

**Parent/Carer Name:** \_\_\_\_\_

I give consent for my child to attend the residential trip to Walesby Forest.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# OFF-SITE VISIT PARENTAL CONSENT FORM

## CONFIDENTIAL INFORMATION

Information given on this form will not prejudice the inclusion of your child on the trip.  
It is essential to complete this form accurately in the interests of your child's safety.

Pupil's surname	<input type="text"/>	Pupil's forenames	<input type="text"/>
School	<input type="text" value="The Bulwell Academy"/>	Class	<input type="text"/>
		Age on departure	years <input type="text"/> months <input type="text"/>
Visit to	<input type="text" value="Walesby Forest"/>	From	<input type="text"/>
		Until	<input type="text"/>

I wish my son/daughter to take part in the above mentioned visit and having read the information sheet, agree to him/her taking part in the activities described. I have discussed the information sheet with my son/daughter who understands the requirements which have to be observed.

I shall instruct my child to wear a seat-belt whilst travelling by motor vehicle and to abide by any other safety instructions and behavioural requirements.

Signed \_\_\_\_\_  
*Father - Mother - Legal Guardian.*

To ensure that parents may be contacted if necessary - please complete the following:

Parents name and home address	Telephone numbers
<input type="text"/>	Home <input type="text"/>
<input type="text"/>	Work <input type="text"/>
<input type="text"/>	Mobile <input type="text"/>

Parent's address if different during the visit	Telephone numbers
<input type="text"/>	Home <input type="text"/>
<input type="text"/>	Work <input type="text"/>
<input type="text"/>	Mobile <input type="text"/>

Second contact - neighbour/friend's name and address	Telephone numbers
<input type="text"/>	Home <input type="text"/>
<input type="text"/>	Work <input type="text"/>
<input type="text"/>	Mobile <input type="text"/>

Can your child swim 50 metres?

YES

☐

NO

☐

Does your child follow a special diet?

Does your child have any condition requiring medical treatment, including medication? Please give details:

#### Immunisation status

Is your child vaccinated against Tetanus

YES

☐

NO

☐

Date of injection

booster

Please give details of any other relevant vaccinations:

If your child has recently been exposed to any infectious diseases he/she should be examined by a doctor and a letter of fitness to participate must be issued.

Has your child suffered from any of the following?

Asthma or Bronchitis

YES

☐

NO

☐

Recent Fracture or Ligament Damage

YES

☐

NO

☐

Heart condition

YES

☐

NO

☐

Fits, Fainting or Blackouts

YES

☐

NO

☐

Severe Headaches or Migraine

YES

☐

NO

☐

Diabetes

YES

☐

NO

☐

Haemophilia

YES

☐

NO

☐

Sleep walking

YES

☐

NO

☐

Any Allergies

YES

☐

NO

☐

Any other illness or disability  
(Please attach details)

YES

☐

NO

☐

Please give your family doctor's Name, Address and Telephone Number.

Name

Address

Telephone Number

If the trip is due to return after School hours please indicate if you will be collecting your child

YES

☐

NO

☐

If not, how will they be getting home?