



# SEAHAM HIGH SCHOOL

*Engaging minds, broadening horizons*

Seaham High School  
Station Road  
Seaham  
Co. Durham  
SR7 0BH

01915161600

Head Teacher: Mr G.W Lumsdon

21<sup>st</sup> October 2019

Dear Parent/Carer

**Visit Name: Sorrento, Italy**

**Visit Date: Saturday 13<sup>th</sup> July 2020 to Thursday 18<sup>th</sup> July 2020**

Deputy Head: Mrs A Carr  
Deputy Head: Mr J.E Henderson

I am delighted to inform you that as part of Enrichment Week I will be organising a visit to Sorrento, Italy.

The total cost of the visit will be **£810** per child and can be made in smaller instalments if your child is accepted onto the visit. Details of this will follow in your acceptance letter.

The visit will include:

- Accommodation – 4 nights/5 days
- All meals whilst in Italy
- Services of a Field Studies Guide
- Airport Transfer in Bay of Naples with one visit en route
- Coach Excursion to Amalfi Coast and Caves of Pertosa
- Coach Excursion to Mount Vesuvius and Pompeii 10 Hours
- Coach Excursion to Pozzuoli and Lake Averno
- Airport Transfer in Bay of Naples
- 2 x Local transfer from Pompeii or Castellammare to Sorrento
- Guided Tour of Naples Underground including Museum Visit
- Visit to Pompeii
- Visit to Caves of Pertosa
- Visit to Flavian Amphitheatre in Pozzuoli
- UK Airport Assistance
- 24/7 support whilst away
- Travel Insurance

If you would like to apply for your child to join the visit and secure their place, please carefully read the attached Visit Contract, sign it and return one copy to the Visit Leader by 12 noon on Friday 25<sup>th</sup> October 2019 together with a non-refundable deposit of **£125.00**. A decision will then be made after half term and those students who are accepted onto the visit will receive an acceptance letter.



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Due to limited places, if your child is only comfortable going on the visit with a friend who are also applying for the same visit, both names could go into a hat as a pair and be withdrawn as a pair. If you are happy for this to take place, please list below the names the friend. Please note the school cannot be responsible for any child withdrawing from the visit as part of a pair and any refunds would follow the same principles as stated in the attached Visit Contract.

Yours sincerely

Miss K Murray  
Visit Leader

\*Please tear off below and return to the Visit Leader with the Visit Contract and deposit.

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**Visit Name: Enrichment Week – Sorrento, Italy**

**Visit Date: Saturday 13<sup>th</sup> July 2020 to Thursday 18<sup>th</sup> July 2020**

**Name of your child:** \_\_\_\_\_

Full Name of Friend: \_\_\_\_\_ Tutor Group: \_\_\_\_\_



EMAIL : [OFFICE@SEAHAMHIGHSCHOOL.COM](mailto:OFFICE@SEAHAMHIGHSCHOOL.COM)

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## VISIT CONTRACT

Visit Name: Sorrento, Italy

Visit Date: Saturday 13<sup>th</sup> July – Thursday 18<sup>th</sup> July 2020

Student Full Name: ..... Tutor Group: .....

### Deposit

I give permission for my child to take part in the above visit and I enclose a non-refundable deposit of **£125.00**.

### Withdrawal

I acknowledge and agree that if my child withdraws from the visit for whatever reason, the deposit and any further deposits or payments that have been made to either the travel company or the visit venue/transport company will not be returned. Cancellation fees may also apply depending on the date of removal.

Please note the school's travel insurance will only cover for medical emergencies whilst your child is on the visit, it does not cover for your child withdrawing from the visit before it takes place, you would have to have your own travel insurance in place to be able to make a claim. If your child has any specific medical needs, they must be declared before travelling.

### Behaviour

I acknowledge and agree that my child will only be allowed to go on the visit if their behaviour has been good throughout the academic year. Should their behaviour deteriorate to an unacceptable level during the school year as decided by the Deputy Head Teacher in charge of Culture & Community and the Visit Lead, the school will be left with no other option but to refuse permission for your child to attend this visit. If this decision is taken, you will lose the full amount of the deposit/deposits and any further payments that have been made to the travel company, or the visit venue/transport company. Cancellation fees may also apply depending on the date of removal.

### Damage

I acknowledge and agree that if my child deliberately causes damage to any property and/or another student's property while on the school visit, I will be expected to pay the full cost of repairing or replacing the damaged items.

I have signed below to acknowledge and agree that accepting a place for my child on this visit is accepting the terms and conditions of all the above.

Parent/Carer Full Name: ..... Parent/Carer Signature: ..... Date: .....

**\*Please sign above and return one copy with the deposit to the Visit Leader, keeping a copy for your own records.**



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