

Our Ref: 2016/084

May 2017



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Dear Parent/Carer

### Enrichment 2017 (10 – 14 July) – Year 8

As part of the College Enrichment programme, students in Year 8 will be involved in a visit to York in week 6 of term 5.

Itinerary:

**Day 1** (packed lunch required)

National Railway Museum,  
York Dungeon,  
Guided boat tour,  
Castle museum  
Opportunity to buy souvenirs from shops in the historic shambles,

**Overnight** – Leeds Trinity College (dinner & breakfast provided)

**Day 2** (lunch provided)

Leeds Armoury  
Return to college

LF1 – 3 will be going Monday and Tuesday 10 and 11 July.

LF4 – 6 will be going Thursday and Friday 13 and 14 July.

To cover the costs of the week we are asking for a contribution of **£70.00** which covers all activities, dinner on the first evening, breakfast and lunch on the second day. If there are any concerns with financing your child's Enrichment Programme, please contact Miss L Walendziewski in due course, and in confidence. Individual arrangements can be made to pay for the cost of the programme in weekly/monthly instalments.

The visit will be launched with the students in a gathering shortly. The format of the visit will provide students with an exciting opportunity to carry out their studies in a different environment. Information regarding coach departures for the residential visit, a kit list and meal arrangements will be sent nearer the time.

Yours sincerely

Mr S Hardy  
Visit leader

Landau Forte Charitable Trust  
A company limited by guarantee

Registered in England No. 2387916

Registered Office:  
Landau Forte College  
Fox Street  
Derby  
DE1 2LF

An exempt charity

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**Enrichment 2017 (10 - 14 July) Year 8**

Name of Student \_\_\_\_\_  
P/T \_\_\_\_\_

\*I/We give permission for \*my/our child to attend the Residential visit.

I enclose

- One payment of £70.00 by **Monday 12 June 2017**

**OR**

- One payment of £35.00 by **Monday 12 June** followed by a second payment of £35.00 by **Friday 30 June**.

**Meals**

- My child will require the vegetarian option  
 My child has special dietary requirements

**Medical Form** – please complete the attached form and return along with this permission slip.

Signed \_\_\_\_\_ Parent/Carer

Date \_\_\_\_\_

**\*Please return this form by Monday 12<sup>th</sup> June 2017.**