



## Osborne School

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**Headteacher: Sonia O'Donnell**

13 June 2018

Dear Parents and Carers

As part of the Functional curriculum, your son/daughter studies units relating to Personal Social Development. This half term the unit that they are covering is 'Making the most of leisure time'. As part of this, they had to decide upon and help to plan various activities, including those that are both new, adventurous and challenging. As a group they have chosen to go to the Alpine Snow Sports Centre in Southampton to try out the Ringo's on their dry ski slope on Thursday 21 June.

The activity will be run and managed by staff at the centre and supported by Osborne College staff.

Students will need to wear long sleeved shirts, trousers and gloves even if the weather is warm. They will also require a snack, packed lunch and plenty to drink (please note that pupils in receipt of Free School Meals will be provided with a packed lunch by school).

The cost of the trip is £12.50. This includes £10.50 for the entrance and £2.00 towards the cost of travel.

If you are happy for your son/daughter to participate, please complete the attached consent form and return with your payment by Monday 18 June.

If you have any questions, please do not hesitate to contact me, either by phone or e-mail [e.tsang@osborne.hants.sch.uk](mailto:e.tsang@osborne.hants.sch.uk)

Yours sincerely

Edmund Tsang  
College Tutor

**Osborne School  
Offsite Activities**

**Parent/Carer Consent Form**

Name of Child ..... Date of Birth .....

Address .....

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Emergency contact number of parents/carers.....

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Date of Activity: Thursday 21 June

Leaving school time: 12.00pm

Returning to school time: 2.45pm

Location/Activity: Alpine Snow Sports Centre, Southampton

Who will lead activity (including where responsibility will be handed over to other agencies):

Centre Staff supported by Osborne College Staff

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I give permission for school staff to exercise parental responsibility on my behalf during this activity. Including permission for emergency medical treatment. I have seen and understood Hampshire County Councils Insurance arrangements.

Signed .....

Print Name: .....

Date: .....

**Someone must sign this form with parental responsibility and your child will not be allowed to go out without it.**