



12 September 2017

Dear Parent

**Re: Arnold Hill Academy Combined Cadet Force (CCF) – Initial Intake Joining Information**

I hope your child enjoyed their cadet experience last year. I know I speak for all of our staff when I say we all enjoyed working with the cadets throughout the year, and were extremely proud of them and their performance on the summer camp. I do hope they continue their training with us.

We are now entering the second year, and a number of the cadets will start the advanced syllabus for some elements of the training they receive. While some parts will be familiar, most will be new and more demanding.

Our first parade will be held on Wednesday 13<sup>th</sup> September from 3:30pm to 5:15pm. As usual, students are expected to wear their cadet uniform through the day. If your child wishes to continue as a cadet, they can retain the uniform they currently have. If there are any uniform problems, or they do not want to continue, they should see Sgt Hatfield as soon as possible.

An annual subscription of £35 is now due and payment should be made by Sunday 15<sup>th</sup> October 2017 via your Scopay account at [www.scopay.com/arnoldhillacademy](http://www.scopay.com/arnoldhillacademy). Guidance is available on our website at <http://www.arnoldhillacademy.co.uk/index.php/payments>. If you have any payment queries please contact [deb.campion@arnoldhillacademy.co.uk](mailto:deb.campion@arnoldhillacademy.co.uk) or telephone the Academy on 0115 9554804.

We will be attending a field exercise at the end of this month. Cadets will leave school in the afternoon on Thursday 28<sup>th</sup> September 2017 and be in the field overnight and all day Friday 29<sup>th</sup> September 2017 before returning to the Academy later that day. Further details about this will be given to cadets on Wednesday. The enclosed parental consent form should be completed and returned to PSU by Friday 22<sup>nd</sup> September 2017.

Yours faithfully

Andrew Craze  
Contingent Commander  
Arnold Hill Academy Combined Cadet Force  
[andrew.craze@arnoldhillacademy.co.uk](mailto:andrew.craze@arnoldhillacademy.co.uk)

Arnold Hill Academy is part of the Trent Academies Group.

The registered office is Trent Academies Group, Rushcliffe School, Boundary Road, West Bridgford, Nottingham NG2 7BW  
The company's registered number is 8128513



## CONFIDENTIAL PARENTAL CONSENT FORM

Name: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

Consent for participation in the visit to: CCF Field Day on: Thursday 28<sup>th</sup> September – Friday 29<sup>th</sup> September 2017

Planned transport arrangements: Coach to and from event (Times to be confirmed)

Visit Leader: Andrew Craze

### MEDICAL INFORMATION

Has been checked by parent on Parent View

### CONTACT DETAILS

Have been checked by parent on Parent View

If you have any problems accessing Parent View please email [SLG@arnoldhillacademy.co.uk](mailto:SLG@arnoldhillacademy.co.uk)

### TEMPORARY MEDICAL INFORMATION (applicable only during this trip) AND/OR ANY DIETARY INFORMATION NOT LISTED ON PARENT VIEW

### CONTACT DETAILS TO BE USED FOR THIS TRIP

Name \_\_\_\_\_

Telephone No \_\_\_\_\_

Name \_\_\_\_\_

Telephone No \_\_\_\_\_

If your son/daughter's medical condition and/or contact details change prior to this trip, please notify the Visit Leader. If it is a permanent change then please update Parent View.

I **agree** to my son/daughter taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that in emergency it may be necessary for pupils to be transported in staff vehicles. I **agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I have paid for this trip on Scopay

I **understand** that all monies paid may be non-refundable should my son/daughter withdraw from this trip.

### Signature of Parent

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

Please return this form to PSU (Pupil Support Unit), B Block FAO DEB CAMPION, TRIPS by Friday 22<sup>nd</sup> September 2017