JT/AGP

Dear parent/carer

**PHYSICS RESIDENTIAL TRIP TO CERN 24 - 26 SEPTEMBER 2025**

In connection with our A Level Physics course at Walton High we are, once again, giving students the opportunity to visit a beautiful area of CERN in Geneva Switzerland, to experience the LHC and centre of particle physics in the heart of Geneva.

We will be flying to Geneva on a morning flight from Manchester airport to arrive for the afternoon. Students will then have some free time to unpack and settle into rooms and enjoy a meal in the evening at one of the local restaurants. The second day will be spent in CERN itself, followed by an evening fondue meal. The final day will consist of a tour of the UN buildings followed by an evening flight home.

The approximate cost of the three-day visit will be **£536,** this is dependent on the transport costs to the airport (these will need to be added after the flights have been formally booked). The cost includes flights from Manchester airport via EasyJet, and breakfast at the Geneva youth hostel with two evening meals at traditional Swiss restaurants. The tour of CERN and the museum visits are also included. We will be able to confirm final costs for the visit when we have arranged airport transportation and we have firm numbers for the trip.

We would like to stress that although the trip to CERN is not compulsory, the trip will extensively cover two of the key modules undertaken as part of the A Level physics course in both Year 12 and Year 13. It is also an inspirational and a once in a lifetime trip which should encourage pupils to undertake a career in the Scientific field.

If you are interested in your son/daughter going on this exciting and extremely worthwhile visit next September, please return the reply slip, with a **non-refundable deposit** of £150 to be paid via ParentPay by **10th November 2024**. The remaining balance will need to be paid by **Friday 4th June 2025**. If there are any queries regarding the trip or payment please don’t hesitate to contact me. Please note that the trip will be taking place in school hours due to CERN being shut at weekends.

Your child will be required to have a passport with at least 6 months until expiry in order to attend the visit. Although there are no COVID restrictions currently in place for travel to Switzerland, we will be monitoring the situation closely and ultimately reserve the right to put into place any restrictions necessary at the time of travel. The visit will be fully insured by the academy’s insurance policy.

New students should contact the finance office in order to set up a Parent Pay account.

Students will also need to return the consent slip to Miss Turner to confirm their place on the trip.

Full details will be issued once all bookings have been confirmed.

Yours faithfully

**Miss J Turner**

**Science Department**

**PHYSICS RESIDENTIAL TRIP TO CERN**

**24 – 26 SEPTEMBER 2025**

I give permission for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to visit the LHC and centre of particle Physics in the heart of Geneva.

I understand that at times during the trip, my son/daughter may be left unsupervised.

Medical details for residential visit

I understand that comprehensive medical details must be entered on a medical form to be completed not more than seven days before the visit. I give the following prior notification of any medical or special needs information that staff or insurers may need to know about:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My son/daughter has the following dietary needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand the limits of insurance provided for this visit.

I understand the transport arrangements for this visit.

I have made a non-refundable deposit of £150 via my parent pay account and understand that subsequent payments will also be non-refundable.

Name as appearing on Passport (block capitals please):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person with Parental Responsibility

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please be aware by agreeing for your child to take part in this visit, personal data may be passed on to a third party or organisation.*

***Return this slip to Miss Turner***