



Holmes Chapel Comprehensive School & Sixth Form College

20th September, 2024

Dear Parent/Carer,

ALW2025 - Expression of Interest

If you would like to reserve a place on one of the Alternative Learning Week (ALW) trips for your son/daughter, please send an expression of interest by email to office@hccs.info stating your **child's name**, **tutor group** and the **trip** that they would like to attend. Please include '**ALW2025 Expression of Interest**' in the email subject title. Alternatively, you can complete the form below and return it to the main school Reception.

- Sports Tour Italy - Years 8 & 9 - £1250 approx.
- Humanities Tour Krakow and Auschwitz - Years 9 to 13 - £800 approx.
- Maths New York - Years 9 to 13 - £1800 approx.
- MFL Barcelona - Years 7 to 11 - £1000 approx.
- MFL Paris - Years 7 to 11 - £950 approx.
- Music Black Forest Germany - Years 7 to 13 - £880 approx.
- Science Amsterdam - Years 9, 10 & 12 - £750 approx.

Places for all trips will be allocated on a first come, first served basis.

Following your expression of interest, a deposit payment option will be set up online on SCOPAY, and you will be sent further trip details by email, as soon as they are available.

Trips have been organised based on a minimum number of participants. If there is insufficient interest, and a trip needs to be cancelled, you will be contacted with alternative trips that your son/daughter may wish to attend instead.

For students who are entitled to Pupil Premium funding, the cost of the trips will be subsidised by 25%.

It is anticipated that your son/daughter's behaviour will meet expected standards across the school year. Any significant fall in these standards may result in them not being allowed to attend their chosen ALW2025 trip.

If you have any questions or require more information please feel free to contact me via email at richard.lawson@hccs.info.

R Lawson
ALW Coordinator



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I would like my son/daughter to participate in the following ALW2025 trip:

Student Name _____ Tutor Group _____

Trip name _____

Parent/Carer _____ Date _____
(signature)

Please return this form to the main school Reception, for the attention of Mrs Challinor.