



The Berkeley Academy

Laidon Avenue, Wistaston, Crewe, CW2 6RU
Head Teacher: Mrs S L Gohr



April 2026

YEAR 4 RESIDENTIAL YHA Chester Trafford Hall – June 2026

Travel arrangements

Class 9 will leave school at 9.30am on Thursday 11th June and arrive back at school for their normal home time on Friday 12th June 2026.

Please make sure your child is aware of the collection arrangements and whether or not they will be attending an after-school club / Boost Club on that day.

Kit List

Change of clothes x2
Outdoor waterproof coat
One pair of outdoor shoes
Slippers or other indoor shoes
Pyjamas
Dressing Gown
Socks/underwear
Hand Towel
Toiletries
A refillable water bottle.
We ask that **all** children bring a small cuddly toy

Please note - mobile phones, iPads/iPods, personal stereos, hand-held games consoles, radios, hair dryers, hair straighteners etc. **should not** be taken. Staff will be taking iPads with them to capture the experience and will share these photos at a later date.

Please do not provide your children with sweets or extra snacks as they will be provided at the centre and extras will be taken by the staff.

The balance of the cost of the visit will need to be paid by no later than **Friday 1st May 2026**.

Children will need a packed lunch for the day they travel on. It would be useful if all items of the lunch could be disposable once finished with and sent in a carrier bag/paper bag which could also be disposed of at the end of lunch. Alternatively, you may order a picnic bag at the normal cost of £2.95 and return the attached form no later than **Friday 1st May 2026**.



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Registered Office: Excalibur Primary School, Ivy Lane, Alsager, Cheshire, ST7 2RQ

Attached to this letter is an emergency contact form, this form **must** be completed and returned to the school office no later than **Friday 1st May** in order for all the necessary arrangements to be sent to YHA Trafford Hall.

If your child requires any prescribed medication whilst on this residential visit, parents **must** complete a separate medication form available from the school office. Any medication should be brought into school on the morning of departure and must be in a plastic bag, clearly labelled with your child's name. This must be given to the class teacher and not put in your child's bag. **This includes inhalers for asthma.** Please do not send medication that has not been prescribed by a GP as this cannot be administered. Members of staff will take pain relief to administer to children in case of minor illness, headaches etc.

Yours sincerely
Miss Slater and Mrs Winstone



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CLASS 9

Name: _____

Male / Female

FORM 'C'

CHESHIRE EAST COUNCIL

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with an information sheet giving full details of the visit

Establishment/Group: The Berkeley Academy

Details of Visit to: YHA Chester Trafford Hall

From: Thursday 11th June 2026 9.30am_ To Friday 12th June 2026 Time: 3:00pm

I agree to _____ (child's name) taking part in this visit

I have read the information sheet I agree to _____'s participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

1. Medical information about your child

a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b) Please outline any food or other allergies and special dietary requirements of your child:

c) Any recent illness or accident staff should be aware of?

d)

e) The type of pain/flu relief medication your child may be given if necessary:

f)

For residential visits and exchanges only

e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections? YES/NO
If YES, please give brief details:

f) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

g) When did your son/daughter last have a tetanus injection:



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Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Name: _____

Work: _____ Home: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Email address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

As part of the activities your son/daughter/ward are involved in Cheshire East Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way? YES / NO

Signed: _____ Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT



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PACKED LUNCH ORDER FORM

CLASS 9

YEAR 4 RESIDENTIAL YHA Chester Trafford Hall – June 2026

The kitchen staff have kindly offered to supply picnic bags to any child who wishes to have one for their packed lunch on the trip.

All picnic bags will contain a sandwich of choice, a vegetarian sausage roll, carrot and cucumber sticks, shortbread, an apple or an orange.

If your child would like to order a packed lunch, please return the slip below indicating your child's sandwich choice and return to school.

Year 4 Residential visit to Chester – Thursday 11th June 2026

I wish my child in Class 9 to have a picnic bag for the trip to Chester.
The menu choice is set out below.

Signed.....

Year 4 Residential visit to Chester – Thursday 11th June – Class 9

Name :

Class:

Please indicate choice of sandwich:

Ham	
Cheese	
Tuna	

In addition to your choice of sandwich, all picnic bags will also include:

Vegetarian sausage roll
Cucumber sticks
Shortbread
An apple or an orange



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