

# Lantern Academy

Lower Sheriff Street  
Rochdale, OL12 6TG  
01706 352759

[www.lanternacademy.org.uk](http://www.lanternacademy.org.uk)  
[info@lanternacademy.org.uk](mailto:info@lanternacademy.org.uk)



05.03.2025

Dear parent/guardian

I hope this letter finds you in the best of health and imaan. As you may know, Lanterns trips are always a great success.

You may have already seen the details on the poster, but we're happy to provide any additional information you may need. The price includes tickets to the museum, local travel in Dublin, accommodation, and flights. However, travel insurance is not included. **Some** students **may** have to share a double bed too with peers, hence the low trip fare.

Rest assured; all students will be well taken care of. We plan to accommodate only nine students, along with three staff members, ensuring a more than sufficient staff-to-child ratio. To keep you updated, we will add you to a parents' WhatsApp group. Please note that full payment is required to secure the flight and accommodation bookings.



We will be traveling to the airport in our minibus and returning in the same manner. Kindly complete the attached form and return it at your earliest convenience.

Jazak'Allah

Mohammed Shahid  
Head of Education Department  
National Award Winning, Lantern Academy, Rochdale

✂ -----

Student's Name: \_\_\_\_\_

I would like my child to attend the Dublin, Ireland trip on 27-28.05.2025

I would **not** like my child to attend Dublin, Ireland trip on 27-28.05.2025


Sign: \_\_\_\_\_

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



## Lanterns trip to Dublin, Ireland

Full name:	Date of birth:
Address:	Postcode:
Tel:	Student Mobile:
Emergency contact name:	
Emergency contact number:	GP contact details:

Vaccinated:   Y <input type="checkbox"/> N <input type="checkbox"/>	If No, fit to fly test carried out?   Y <input type="checkbox"/> N <input type="checkbox"/>
---	---

Does your child take any regular medication?	Y <input type="checkbox"/> N <input type="checkbox"/> (please specify below)
--	--

Is your child asthmatic?	Y <input type="checkbox"/> N <input type="checkbox"/>
--------------------------	---

Any relevant medical conditions that we must be aware of about your child? Do they require medication? If yes, please provide information below.
--

Does your child suffer from travel sickness?   Y <input type="checkbox"/> N <input type="checkbox"/>	Have they flown before:   Y <input type="checkbox"/> N <input type="checkbox"/>
--	---

