

The Round House Primary Academy

Part of The Diamond Learning Partnership Trust
Established in the Queen's Jubilee year 2012

School Drive, St Neots, Cambridgeshire, PE19 6AW
Tel: 01480 479890 email: office@roundhouse.cambs.sch.uk

CEO: Mr Jonathan Lewis
Headteacher: Mrs Holly Bates BEd NPQH

1st May 2026

Dear Parents and Carers,

Year 6 Hilltop Residential Trip – 15th–17th July 2026

Please find further information below, along with important documents attached, regarding your child's residential trip to Hilltop in July.

Payments

If you have any outstanding payments for the trip, please arrange for the balance to be paid by 10th May 2026. Please be aware that children will not be able to attend the trip if any money remains outstanding.

Travel Arrangements

Exact departure times will be confirmed in July. However, we currently expect the coach to collect the children from St Neots Football Club car park at approximately 9.00am on Wednesday 15th July.

The children are expected to return to school on Friday 17th July at approximately 4.30pm, traffic permitting. Teachers will update Class Dojo with more accurate timings on the day.

Meals

Children will need to bring a packed lunch for the first day, as the first meal provided by Hilltop will be dinner on arrival.

If your child is entitled to free school meals and you are unable to provide a packed lunch, please complete the attached form and return it to the school office by **5th June**.

All other meals (breakfast, lunch, and dinner) will be provided by Hilltop. Please do not send additional food such as sweets, biscuits, or chocolate.

Forms and Information

Please ensure the following are completed and returned to the school office by **5th June**:

- Parental Consent and Personal Information Form
- Special Diet Request Form (Form G), if your child has an allergy or food intolerance

Medication

If your child requires medication during the trip, it must be clearly labelled with their name, in original packaging, and include dosage and frequency instructions.

Medication should be handed directly to staff on arrival at the Football Club and must not be placed in luggage.

An Administration of Medication form must also be completed for each medicine (available from the school office). Please do not put medication in your child's luggage.

The Diamond Learning Partnership Trust is a company registered in England and Wales.
Registered Company Number: 8062508. Registered Office: Andrew Road, Eynesbury, St Neots, Cambs. PE19 2QE

Kit and Clothing

A kit list is attached. Please ensure all items are clearly named and can be easily transported from the coach to the accommodation.

Children will be allocated rooms on arrival. Teachers are in charge of the accommodation, and the children will be supervised at all times. Hilltop staff will lead activities throughout the day.

Activities may include high ropes, archery, slingshot, super swing, assault course, crate stacking, air jump, climbing, and swimming.

Please ensure your child brings at least:

- One long-sleeved top
- One pair of long trousers (required for mountain biking)

Many of the activities will require wearing harnesses, so please ensure shorts are an appropriate length and items such as crop tops are avoided.

Personal Items

Please do not send electrical items such as mobile phones, game consoles, or hairdryers. Mobile phones are not permitted on the trip.

Spending Money

A small gift shop will be available. If you would like your child to bring spending money, please send a maximum of £10 in a sealed, named envelope to be handed to staff on arrival. Children will also be visiting an ice cream shop, where they can spend some of their money.

Communication

Staff will aim to share updates on Class Dojo where possible, depending on internet signal.

Contact in an Emergency

If you need to contact us in an emergency, please call the school office and they will pass on the message to staff at Hilltop.

We are looking forward to a fantastic residential experience for the children and are hopeful for good weather.

Yours sincerely



Mrs Holly Bates
Headteacher
On behalf of The Round House Primary Academy (part of TDLPT)

To: The Round House Primary Academy, School Drive, St Neots. PE19 6AW

Year 6 Hilltop Residential Trip – 15th- 17th July 2026

Child's name _____ Class: _____

My child requires/does not require* a packed lunch for the trip to Hilltop on 15th July (*Please delete as applicable)

Signed _____ Parent/ Carer



PARENTAL CONSENT & PERSONAL INFORMATION

F

(Treated as Confidential Once Completed)

Please complete each section of this form in full and return it to your Group Leader

Group Name: _____ Date of Visit: _____

Child's Personal Details

Child's Name: _____ Sex: _____ Date of Birth: _____

Doctors Name, Address & Phone number: _____

National Health Number: _____ Date of last Tetanus vaccination: _____

Name & Address of person to contact in an emergency: _____

Telephone Number of person to contact in an emergency: _____

Name, Address & Phone Number of Parent/Guardian (if different to above) _____

Dietary requirements please tick relevant boxes below (*Halal diets will be catered as vegetarian*)

Vegetarian **Vegan** **Diabetic** **Coeliac** **Other Restrictions** **please specify below:**

Does your child have a Food Allergy or Intolerance: NO YES If YES, you **MUST** complete a **Special Diet Request Form G** and return this with a copy of any relevant Care plan for your child.

Medical Information

Existing ailments can be exacerbated or increase the risk of further injury, some minor physical exertion will result in participating in the course. Please provide specific relevant health or medical information.

Please tick if your child has or currently suffers from any of the following:

Allergies **Asthma** **Back/Neck Problems** **Diabetes** **Epilepsy** **Heart Problems**
Joint Problems **Raised/Low Blood Pressure** **Bone weakening condition** **Other**

Please give more detail if you have ticked any of the above _____

Does your child take medication? Yes / No If **YES** please state condition _____

_____ Dosage Required: _____

Has a medical doctor advised your child to limit or restrict their physical activity in any way? Yes / No

Are you aware of any other condition that limits your child's ability to take part? Yes / No

If you have answered **YES** to any of the questions above, please explain _____

In signing this form, you:

1. Agree for information detailed within this form to be shared with Hilltop and third-party sub-contractors Hilltop engage for the purposes of providing the service.
2. Give your consent as the Parent or Guardian for this child to attend the course and to be given first aid and medical assistance as necessary.
3. Ensure the child attending (named above) understands it is not compulsory to attempt the activities.

Hilltop has public liability insurance of £10 million. This does not cover you for loss or damage to personal property or personal injury. Hilltop pays particular attention to safety but as with all outdoors activities there is a small inherent risk of minor injury. We advise you to confirm with the leader of your group that they have organised adequate insurance cover for this type of event including cancellation and curtailment cover.

Signed by Parent/Guardian: _____ Date: _____

Print name Parent/Guardian: _____

Group Leader to ensure this form is fully completed, information within this needs collating onto the Hilltop collated Medical (Form C) and Dietary forms (Form D) before sending to Hilltop. This form needs to be in the possession of the group leader for the duration of the visit.



HILLTOP SPECIAL DIET REQUEST



(Treated as Confidential Once Completed)

Please note that this form is NOT to be used for general likes or dislikes



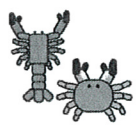
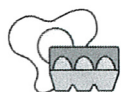
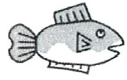
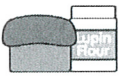









Once complete you MUST attach any relevant Care Plan and return it to your Group Leader who will submit it to Hilltop

Group Name: _____ Date of Visit: _____

Name: _____ Gender: _____ Date of Birth: _____

Hilltop is happy to assist you with any food allergies or dietary restrictions and suitable alternatives will be provided. While we make every effort to ensure that meals are allergen free, we cannot guarantee this, as airborne contaminants may exist or due to manufacturer substitution beyond our control.

Please to confirm all food allergies that apply from the list below in line with Food Standards Agency guidelines

 Celery <input type="checkbox"/>	 Cereals containing gluten <input type="checkbox"/>	 Crustaceans <input type="checkbox"/>	 Eggs <input type="checkbox"/>	 Fish <input type="checkbox"/>
 Lupin <input type="checkbox"/>	 Milk <input type="checkbox"/>	 Mollusc <input type="checkbox"/>	 Mustard <input type="checkbox"/>	 Other Nuts <input type="checkbox"/>
 Peanuts <input type="checkbox"/>	 Sesame seeds <input type="checkbox"/>	 Soya <input type="checkbox"/>	 Sulphur Dioxide <input type="checkbox"/>	 Tree Nuts <input type="checkbox"/>

Other: _____

How are they affected if they come into contact with the allergen, please tick the appropriate box:-

By Taste by Touch by Smell

What is the severity of the reaction?

Mild Life Threatening

Is an Auto-injector required?

NO YES

If YES, include Auto-Injector Brand

EpiPen Jext Emerade

Is there a Care plan in place? NO YES If YES, please ensure details of Care plan are given to group leader

Please advise below if the group can continue to eat these foods in the dining room or if any foods need to be removed for the whole group? _____

Signed by Parent/Guardian: _____ Date: _____

Print name Parent/Guardian: _____

Group Leader to ensure this form is fully completed, information within this needs collating onto the Hilltop collated Dietary forms (Form D) before sending a copy of both forms to Hilltop. This form needs to be in the possession of the group leader for the duration of the visit.



HILLTOP KIT LIST

We advise not to pack any new or expensive items of clothing. Adventurous activity is likely to cause them wear and tear!

Bedding:

- Sleeping bag OR
 - Duvet with duvet cover and bottom sheet
- (Hilltop will provide pillows and pillowcases)

Footwear:

- Indoor shoes or slippers (not slipper socks)
- Outdoor shoes/boots/trainers (2 pairs). No crocs or flipflops
- Wellies (optional)

Useful Items:

- A labelled bin bag for wet or dirty clothes
- Torch and spare batteries
- Re-useable water bottle
- Hair bands
- Tuck Shop money (no more than £10, ideally in change)



Clothing:

(make sure all items are named)

- Socks and underwear
- Nightwear
- T-shirts
- Long sleeved tops
- Fleeeces/jumpers
- Waterproof jacket
- Leggings or trousers
- Waterproof trousers
- Clothes for the evening
- Swimming kit

Toiletries:

- A wash bag (including shower gel, shampoo, toothbrush and toothpaste, hairbrush)
- Towel

Warm weather:

- Insect repellent
- Sun cream
- Sun hat
- Shorts

Cold weather:

- Woolly Hat
- Scarf
- Gloves

No Chewing gum

No Hairdryers

No Mobile phones

No iPods

FREQUENTLY ASKED



No Games consoles

No Aerosols / Aerosol deodorant

No nuts or nut products

No electronic gadgets

QUESTIONS