

25<sup>th</sup> March 2019

Dear Sir/Madam,

I am pleased to announce University visits for year 10 students. This is an aspirational trip that will introduce the students to the opportunities offered in Higher education. Year 10 students will be given the chance to visit one of four different universities; these being Lincoln, Leicester, Loughborough or Hull. The places are on a first come first serve basis and they have specific themes which are as follows:

Loughborough – P.E. and Maths

Leicester – Humanities

Hull – Arts

Lincoln – All subjects

The Loughborough and Hull trips will leave the school at 7.00 and return at around 5:15pm. The Lincoln and Leicester visits will leave at 8:30am and will return at 4:30pm (the Leicester trip may be subject to change). I strongly recommend the visits, with the only fee being the coach fare. Students are expected to bring packed lunch and to wear school uniform. Please could the enclosed visit form and University choice slip be returned, along with payment of £15.50 to the trip box by Friday 28<sup>th</sup> March. Payment can be made via Parentpay or cash and cheque (made payable to Springwood High School Academies Trust).

Yours Sincerely

Mr A Bliss  
Assistant Head Teacher with responsibility for Year 10

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Please return to trip box by Friday 29<sup>th</sup> March 2019

**University Visits**  
**5<sup>th</sup> April 2019**

Student Name \_\_\_\_\_ Form \_\_\_\_\_

I give permission for my child to attend the University visit on 5<sup>th</sup> April 2019. I enclose payment of £15.50. Cheques payable to Springwood High School Academies Trust. **Cash must be the exact amount**

University choice:  
2<sup>nd</sup> choice:

Signed \_\_\_\_\_ Date \_\_\_\_\_



**SPRINGWOOD HIGH SCHOOL**  
**PARENTAL CONSENT FOR A SCHOOL VISIT**

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

**Completed copies to be taken on visit)**

**1. Name & Date(s) of visit**

**UNIVERSITY VISITS – 4/05/2019 – A.BLISS**

I agree to \_\_\_\_\_ (name) taking part in this visit and have read the information sheet.

Form \_\_\_\_\_ Date of Birth \_\_\_\_\_

I agree to \_\_\_\_\_ 's participation in the activities described.

I acknowledge the need for 

Him	Her	Them
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 to behave responsibly.

**2, Medical information about your child.**

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

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

b. Please outline any special dietary requirements of your child and the type of pain/flu medication your child may be given if necessary:

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

**For residential visits and exchanges only:**

c. 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 4 weeks that may be contagious or infectious? YES / NO

If YES, please give brief details:

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

d. If swimming or water activities are part of the visit, is your child a competent swimmer or not? YES / NO

e. Is your son/daughter allergic to any medication or suffer from any phobias? YES / No

If YES please specify:

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f. When did your son/daughter last have a tetanus injection?

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I will inform the Group leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

### 3. 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.

I agree to meet the cost if the Group Leader decides that my son/daughter must be sent home before the end of the visit.

Contact Telephone Numbers:

Mobile: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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 SCHOOL CONTACT.**

