



St Thomas More Catholic School, Palace Fields, Buxton, Derbyshire, SK17 6AF Headteacher: Mr B Hickey

Science / Maths Day Friday 14th July 2017

Dear Parents

Aquinas College has invited a group of pupils to take part in a day of activities to promote maths and science and encourage more pupils to take these subjects at A-level. We have been allocated 15 places and would like to offer you child a place.

This trip will take place on Friday 14th of July. Details are still being finalized but the activities normally take place between 9.15 and 3.00. Since we are unable to make a block booking for train transport to the college we are suggesting that pupils make their own way there and back, either on the 199 bus or by train. We will provide maps and details to those attending before the event. There will be a member of our staff at Aquinas on the day.

On the day pupils will also require some lunch and snack money. There is no need to wear school uniform. As representatives of the school I expect all pupils to behave to our usual high standards. Anyone whom cannot be trusted to behave well will not be included in the trip.

We hope this will be a most interesting and informative day. Please complete the consent form if you would like your child to take part and return it to the office by Thursday 6th July. If we do not receive the completed consent form for your child by Thursday 6th June their place will be offered to another pupil.

Yours sincerely

S Rimmer
Head of Science

PLEASE RETURN THIS SECTION ONLY TO THE FINANCE OFFICE

[In order to comply with Health & Safety Regulations we must receive this completed consent form at least 7 school days prior to the date of the trip. NB. Your child will not be allowed on the trip if you do not comply with this request.]

Student: _____ Form: _____

I am willing for my son/daughter to take part in visiting Aquinas College CSI day 14th July 2017 I acknowledge the need for my child to behave responsibly.

I understand that all reasonable care will be taken to ensure the safety of those in the party.

Medical information about my child:

[a] Any condition requiring medical treatment, including medication? Yes/No

[Please circle as appropriate]

Please give brief details below; if your child requires medication, a parental consent Form 5 must be completed.

When did your child last have a tetanus injection? _____

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

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 and have read the attached letter.

Contact telephone numbers:

Work: _____ Home: _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family Doctor: _____ Telephone number: _____

Address: _____

This form or a copy will be taken by the Group Leader on the visit. Full details will be retained by the school contact.

Signed _____ Date: _____

Full name (capitals): _____