November 2017

Dear Parent

**Visit to University of West London – Year 12**

I am writing to inform you about a school visit to University of West London, (Ealing site), St Mary's Road, W5 5RF on Wednesday 8th November. The aim of this visit is to attend the Young Enterprise Launch Event.

Students will be required to make their own way to the university unaccompanied, leaving school at 3pm in order to arrive at the venue by 4.30pm. The event is due to finish at 6.30pm, where students will be dismissed to make their own way home unaccompanied. Students will be required to wear their usual Sixth Form attire of smart business wear, including shoes (no trainers or jeans allowed). Refreshments will be provided by the venue.

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided for this trip.

Please note that there are a limited number of places available and these will be allocated on a first come, first served basis. Only students with an exemplary record of behaviour will be eligible.

There is no cost for this trip but students will need to ensure that they have enough money on their oyster cards in order to travel to and from the venue.

If you have any further queries, please do not hesitate to contact me at the school on 01895 234 060 or to dbaker@uhs.org.uk.

Yours sincerely

**D Baker**

**Business Studies Teacher**



**EMERGENCY CONSENT FORM**

**VISIT TO UNIVERSITY OF WEST LONDON**

Please return to Mr Baker by Monday 6th November 2017

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| --- | --- | --- | --- |
| **FULL NAME OF STUDENT:** |  | | |
| **DATE OF BIRTH:** |  | | |
| **PLACE OF BIRTH:** |  | | |
| **PARENT NAME:** |  | | |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  | | |
| **MOBILE TELEPHONE NO:** |  | | |
| **HOME TELEPHONE NO:** |  | | |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  | | |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS:** | | | |
| **NAME:** |  | | |
| **CONTACT TELEPHONE NO:** |  | | |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.