June 2017

Dear Parent

**Visit to SSE Arena Wembley – Year 12**

I am writing to inform you about a school visit to the Rock Assembly at SSE Wembley Arenaon Thursday 13th July 2017.

Rock Assembly is a fantastic end of term celebration pop concert and careers fair hosted by educational charity, The Transformation Trust. This is the seventh arena concert hosted by the trust and free tickets are offered to schools that take part in Transformation Trust programmes.

The aim of The Transformation Trust is to inspire young people to achieve their potential. The event includes a Futures Fair: an exhibition featuring universities and employers such as Barclays; Facebook; Nationwide; Pret; Wates and Siemens. It’s a great way for young people, of any age, to find out about opportunities and start thinking about what they are interested in.

Students will meet Mrs Le-Gall at Wembley Station at 11.30am on Thursday 13th July and the concert will finish at 6pm, when students will be dismissed to travel home unsupervised. Students will be required to wear casual clothing. You should provide your child with a packed lunch for this trip.

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.

By consenting on to this trip, you agree to:

* Your child taking part in the visit as detailed above
* A member of staff giving consent for your child to receive appropriate medical treatment in the event of an emergency

If you have any further queries, please do not hesitate to contact me.

Yours sincerely

**A Le-Gall**

**Sixth Form Guidance Leader**



**EMERGENCY CONSENT FORM**

**VISIT TO SSE WEMBLEY ARENA**

Please return to A Le-Gall by Friday 7th July

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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.