January 2017

Dear Parent

# Year 11 Visit to the University of York – 9th to 11th March 2017

I would like to offer your child the opportunity to join a school trip to The National Stem Learning Centre at the University of York from 9th to 11th March 2017. The aim of this trip is to participate in the CANSAT competition. This offers a unique opportunity for students to have a first practical experience of a real space project.

Students will leave the school on the morning of 9th March and will travel by train to and from York, and will return to school on the evening of 11th March. Students are required to wear smart casual clothes. Breakfast and lunch will be provided but students will require a small amount of money to purchase an evening meal.

There is no cost for this trip, however there are a limited number of places available, which will be allocated on a first come, first served basis. Only students with an exemplary record of behaviour will be eligible.

Please do not hesitate to contact the school on 01895 234060 or drubio@uhs.org.uk if you require further details.

Yours sincerely

**D Rubio**

**Teacher – Design Technology**



**UXBRIDGE HIGH SCHOOL TRIP TO UNIVERSITY OF YORK**

**9TH – 11TH MARCH 2017**

Please return to Mr D Rubio by 27th January 2017

I wish for my child to be considered for a place on the visit to University of Yorkon 9th – 11th March 2017

FULL NAME OF STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## FORM GROUP OF STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE ON 09/03/17 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME TELEPHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME CONTACT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If your child suffers from Asthma please ensure that the appropriate medication is provided. If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.

***PLEASE GIVE AN ALTERNATIVE EMERGENCY CONTACT:***

*NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CONTACT TELEPHONE NUMBER(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

PARENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_