27 January 2016

Dear Parent

I am writing to inform you about a school visit to The Pavillion Centre in Uxbridge on the 31st January 2016.

The aim of this visit is for students to attend the Young Enterprise Trade Fair. This will help sixth form students to set up their own business ideas and sell products to members of the public in Uxbridge.

Students are required to meet at the Pavillion Centre, in Uxbridge at 10.30am and will be dismissed at 5.00pm to make their own way home. Uxbridge High School staff will not be there the whole day.

Students are required to wear smart clothing including shoes, no trainers or jeans to be worn.

Please note that there are a limited number of places available, which will be allocated on a first come first served basis. However only students with an exemplary record of behaviour will be eligible to attend. Please complete and return the attached permission/emergency contact form as soon as possible.

Yours sincerely

**Mr P Stopford**

**Business Studies Teacher**



**Return to: Mr P Stopford**

I give my permission for (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (Form Group) \_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the trip to The Pavillion Centre, in Uxbridge on the 31st January 2016.

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.**

***EMERGENCY CONTACT DETAILS:***

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

*HOME NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*MOBILE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**