26 January 2016

Dear Parent

I am writing to inform you about a school visit to CASS Business School on the 11th March 2016.

The day will focus on making students aware of the recruitment processes in the city. It will also provide confidence for students in answering interview-style questions, helping them understand their own particular strengths and weaknesses.

We will be travelling by train and students will need to meet with Mrs Le-Gall at Uxbridge Station at 10.30am. Students will be dismissed at 4.00pm to make their own way back home.

Students are required to wear smart clothing including shoes, no trainers or jeans to be worn. Students will be provided with lunch at the event.

Please complete and return the attached permission/emergency contact form by 2nd February 2016.

Yours sincerely

**Mrs Anita Le-Gall**

**Sixth Form Guidance Leader**



**Return to: Mrs Anita Le-Gall**

I give my permission for (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (Form Group) \_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the trip to CASS Business School on the 11th March 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:**

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

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