19 January 2016

Dear Parent

I am writing to inform you about a school visit to Brunel University on the 12th February 2016.

The aim of this visit is to attend a Dance workshop in conjunction with Trinity Laban. Students will also get a chance to experience Performing Arts at Higher Educational level.

We will be walking to Brunel Universityand will leave from Uxbridge High School at 8.40am and will return approximately at 1.15pm.

Students will be back in school in time for lunch, however students may wish to take money to buy refreshment at the event. Students are required to wear loose, comfortable clothing to dance in.

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 by 29th January 2016.

Yours sincerely

**Miss A Walker**

**Drama - CL**



**Return to: Miss A Walker**

I give my permission for (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (Form Group) \_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the trip to Brunel University on the 12th February 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**