

3<sup>rd</sup> October 2016

Dear Parent

I am writing to inform you about a school visit to Brunel University on Friday 14<sup>th</sup> October 2016.

The aim of this visit is to attend and participate in a science and technology event: 'Target Mars'.

During the event, students will have the opportunity to interact with students from other schools in the borough and participate in various biology and chemistry experiments to explore an alien planet.

Students will need to meet at 8.40am outside main reception, where they will be registered with the aim to leave school at 8:45am. Lunch is provided free of charge at the event by the university, so students do not require a packed lunch. Students will be walking to and from Brunel University accompanied by myself, and will return to school at approximately 3.45pm, where they will be dismissed at the school gate.

Students are required to wear full uniform including shoes, no trainers or jeans to be worn. 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 to attend. Please complete and return the attached permission/emergency contact form to myself by 7<sup>th</sup> October.

Yours sincerely

**R Wootton**  
**Science Teacher**

Principal: Nigel Clemens BSc, MA

The Greenway, Uxbridge, Middlesex UB8 2PR t: 01895 234060 f: 01895 256738 e: [office@uhs.org.uk](mailto:office@uhs.org.uk) w: [www.uhs.org.uk](http://www.uhs.org.uk)

**Return to: R Wootton**

I give my permission for (NAME) \_\_\_\_\_ of (Form Group) \_\_\_\_\_ to attend the trip to the Brunel University 'Target Mars' event and I have paid the required deposit.

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

Principal: Nigel Clemens BSc, MA

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