April 2018

Dear Parent

**Visit to Pixl Maths Conference – Year 11**

I am writing to inform you about a school visit to the Pixl Maths Conference at the Dominion Theatre, London on Friday 27th April**.** The conference will benefit students wishing to obtain a grade 5 or more in their maths GCSE.

Students will leave the school at 8am on Friday 27th April and travel by train to and from the Dominion theatre, returning to school at 2.30pm. Students will be required to wear school uniform, including shoes (no trainers or jeans allowed). You should provide your child with a packed lunch for this trip. Please ensure your child has a valid oyster card to enable them to travel to and from the theatre.

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided for this trip.

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

By consenting to this trip, you agree to:

* Your child taking part in the visit as detailed above
* A member of staff giving consent for your child to receive appropriate medical treatment in the event of an emergency

If you have any further queries, please do not hesitate to contact me.

Yours sincerely

**S Sherali**

**Assistant Curriculum Leader – Maths**



**EMERGENCY CONSENT FORM**

**VISIT TO PIXL MATHS CONFERENCE**

Please return to Mrs Sherali by Monday 23rd April

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| **FULL NAME OF STUDENT:** |  |
| **DATE OF BIRTH:** |  |
| **PLACE OF BIRTH:** |  |
| **PARENT NAME:** |  |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  |
| **MOBILE TELEPHONE NO:** |  |
| **HOME TELEPHONE NO:** |  |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS:** |
| **NAME:** |  |
| **CONTACT TELEPHONE NO:** |  |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.