



12 November 2019

Dear Parent /Carer

Villiers Park Uni Masterclass – 26/11/19

I am writing to you to inform you of the programme for the Year 11 Villiers Park Uni Masterclass. Students will need to meet the teacher at the William Parker Upper car park – where the coach will depart.

Year 11 Skills4Success University Masterclass

Tuesday 26th November 2019

University of Sussex, Falmer Campus, BN1 9RH

Depart: The Hastings Academy - 8.30am, Ark Alexandra Academy (Upper School) - 8.40am, The St Leonards Academy - 8.50am

Return: Leaving University of Sussex at 2.30pm and reverse order drop off

During the day students will have a tour of the university and explore different areas of the campus. As part of the day they will also get to observe a lecture in subjects that interest them.

Lunch will be provided

Students will need to wear uniform. Students will be dismissed from the venue.

Kind regards

S Bamber/ J Doyle Year 11 Liaison team

Mrs Iglinski – Villiers Park Lead Teacher

Please complete the attached form and return to Mr Poole by Friday 15 November it is not received by this date your Son/ Daughter will not be given absence permission to attend the masterclass.

Signed

Dated

EXECUTIVE PRINCIPAL: Yvonne Powell, OBE
PRINCIPAL: Stephanie Newman
REGIONAL ASSOCIATE PRINCIPAL: Victoria Cockram



Parental Consent for an Educational Visit/ Off-site Activity (non-residential)

To be distributed with an Information Sheet giving full details of the visit

1. Details of visit/ activity: Villiers Park Uni Masterclass

Date: _26 NOV Time: from 8AM to _3:30PM

I agree to my son/daughter _____ (full name) taking part in this visit. I have read the information sheet and agree to his/her participation in the activities described and acknowledge the need for him/her to co-operate with staff and to behave responsibly.

2. Medical information about your child

- a) Does your child have a condition **not** already advised to the School which will or might require treatment during the day? (Staff will ensure the continued care of known pupils with special medical needs, as in school)

Yes	No
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- b) If **Yes**, please give brief details including special measures such as an injection, means of storing the medication, how often to be taken, etc: (Staff have to be willing and able to administer the medication. Training may be required)

- c) Please outline any special dietary requirements that may have to be considered:

- d) Please state the type of pain control medication that your child may be given, if needed. If you give no indication it will be assumed that no medication can be given unless prescribed by a medical practitioner:

- e) Is your Son/ Daughter allergic to any medication?

Yes	No	I do not know
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If **Yes**, please specify:

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(f) Does your Son/ Daughter suffer from any allergic reactions?

Yes	No	I do not know
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If Yes, please specify:

(g) Has your Son/ Daughter had a tetanus injection within the last 10 years?

Yes	No	I do not know
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3. Contact addresses and telephone numbers

Home:

Address: _____

Tel Nos: _____ (home) _____ (work) _____ (mobile)

Alternative Emergency Contact:

Name and relationship: _____

Address: _____

Tel Nos: _____ (home) _____ (work) _____ (mobile)

Family Doctor:

Name: _____ Tel No: _____

Address: _____

4. Declaration

I agree to inform the Party Leader as soon as possible of any changes in the medical or other circumstances of my Son/ Daughter between now and the Visit/ Activity.

I understand that I have responsibility for transportation of my Son/ Daughter to this Visit.

I agree to my Son/ Daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that all reasonable efforts will be made to contact me before taking any action but that in particular cases this may not be possible. I also acknowledge the extent and limitations of the insurance cover provided

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Ark Alexandra Academy



I understand that neither the School nor the teacher named above is liable for any claim or claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of my Son/ Daughter except incidents arising from the negligence of the School or its employees

I warrant that the information given above is correct to the best of my knowledge

Signed: _____ **Date:** _____

Full name (block letters): _____

Relationship to the pupil: _____

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