

DIXONS SIXTH FORM ACADEMY Douglas Mill, Bowling Old Lane Bradford BD5 7JR Phone: 01274 089770 Email: info@dixons6a.com www.dixons6a.com Principal: Mark Rothery

November 2019

Dear Parents and Carers,

RE: Visit to the Bradford Crown Court, Thursday 27th February 2020

The Law department has created an exciting enrichment opportunity for your son/daughter to the Bradford Crown Court. The purpose of this visit is to expose students to law in action in the environment of a court room as well as enhance their understanding on the topic of murder which they will study after the Christmas break.

Itinerary

Your son/daughter will attend his/her lessons for period 1 and period 2 as normal. Then there will be a lunch break at 11.30am. Students will set off from Dixons Sixth Form Academy on foot to Bradford Crown Court at 12.00pm. The walk is anticipated to last between 20 to 30 minutes. The session at the court begins at 12.30pm and will end at 2.30pm, lasting 2 hours. Students are expected to make their way home from Bradford Crown Court.

Lunch

Students will be able to buy food on the day from the Mill Café or can bring their own packed lunches.

Cost

The cost for attending the session is £7.50 per student and can be paid via ParentPay. For students in receipt of a Sixth Form Bursary who are in band A and B this charge is covered by the bursary. Please pay the cost by Friday 29th November 2019.

Please complete the attached consent form including any medical issues by <u>Friday29th November 2019</u> and hand in to Miss Malik.

If you have any questions, please do not hesitate to contact me via my email nmalik@dixons6a.com

Yours sincerely

Noorin Malik Teacher of Law



PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM

This form is to be completed in full by the parent/carer and returned to Miss Malik by Friday 29th November 2019.

Full name:

Date of Birth: Form:

I agree to my son/daughter/ward taking part in the above stated visit and having read the information sheet, agree to his/her participation in any or/all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part.

EMERGENCY DETAILS

a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

b) I may be contacted by telephoning the following number(s):

Home :..... Work:.....

Mobile Telephone no: Name & Address: c. Please state an alternative contact point: - Telephone number: Name & Address of Contact:

Family doctor (Name, address and telephone number):

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