

Dear Parent/Guardian

**RE: London Russell Group Universities trip, 10<sup>th</sup> and 11<sup>th</sup> December 2019**

We have created an exciting enrichment opportunity for Year 1 students at Dixons Sixth Form Academy. The primary purpose of this residential is to develop an understanding of the realities of studying at a Russell Group university. The secondary purpose is to provide some wider enrichment opportunities to build cultural capital amongst our students. This is a non-compulsory residential which has a capacity of 50 students.

**Day one:**

Students will need to arrive at Dixons Sixth Form Academy at 05.45. We will leave Dixons Sixth Form Academy at 06.00 sharp, travelling by coach down to London. Our first destination is Imperial College London, where we will receive a tour of the facilities of this prestigious university which specialises in STEM subjects. We will then travel on to the Houses of Parliament, where students will participate in a 'Laws and Debating' tour and workshop. From Parliament we will walk the mile to Covent Garden, where we will eat together in an Indian restaurant, and then attend a performance of the Lion King at the Lyceum Theatre. After the show, we will travel to our accommodation in the Generator Hostel, London.

**Day two:**

Students will have breakfast at the hostel. We will then travel to Queen Mary's University for a tour and several workshops on the UCAS process and writing effective personal statements. Students will have an opportunity to ask undergraduates from Queen Mary's about their experience of studying in London. We intend to leave Queen Mary's and begin our journey back to Dixons Sixth Form Academy at 14.00. It is hoped that we will arrive back at around 19.00, traffic dependent.

**Cost**

The cost of this trip is £120 per student and can be paid via ParentPay. For students in receipt of a Sixth Form Bursary the cost of this trip could be partly subsidised – students can use the bursary against part of the expenses of two trips within the academic year. The payment structure will be two payments of £60, with details on ParentPay.

**Packing for the trip**

Students are expected to dress appropriately for this trip. We are spending a proportion of both days outside during December. Students should be prepared for cold and potentially wet weather. Students should pack a towel.

**Accommodation**

Students will be accommodated in single sex dormitories ranging from 3 – 12 people with shared bathroom and toilet facilities. We will be staying at the Generator Hostel, 37 Tavistock Pl, Saint Pancras, London WC1H 9SE.

**Food**

Students will need to bring a packed lunch with them for day one. The evening buffet at an Indian restaurant is included in the price, as is breakfast on day two. Students will need to bring some money to pay for lunch on day two – we will be going to the university canteen at Queen Mary's University where students can purchase lunch. Students may also wish to purchase food at service stations to and from London, as well as perhaps a souvenir programme and refreshments at the theatre.

**Student numbers**

In the event of more than 50 students applying to come on the visit, GCSE performance as well as academic progress on Year 1 courses will be considered, as the primary purpose of the trip is to prepare students for applications at top universities.



Please complete the attached consent form including any medical issues and/or dietary requirements by Thursday 17<sup>th</sup> October and hand in to reception.

If you have any questions, please do not hesitate to contact me via my email [jtitmas@dixons6a.com](mailto:jtitmas@dixons6a.com)

Kind Regards

Mr J Titmas  
Head of Liberal Arts Faculty



## PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM

This form is to be complete in full by the parent/carer and returned to reception by **Thursday 17<sup>th</sup> October**

Full name: ..... Date of Birth: ..... Form: .....

I agreed to my son/daughter/ward taking part in the above stated visit and having read the information sheet, agreed 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):.....

### MEDICAL INFORMATION

**Does your child suffer from any of the following conditions?**

(Cross out the YES or NO which does not apply)

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart Trouble	yes/no	Migraine	yes/no
Raised Blood Pressure	yes/no	Tuberculosis	yes/no

If YES to any of the above, please provide details:.....

**Does your child suffer from any other condition requiring medical treatment, including medication? Yes/No**

If YES, please provide details:



**Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?**

Yes/No

If YES, please provide details:

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**Has your child been immunised against the following diseases?**

Poliomyelitis

Yes/No

Tetanus (lock jaw)

Yes/No

If YES to tetanus, please give details if known.....

**Is your child taking any form of medication on a regular basis?**

Yes/No

If YES, please give full details, indicating the type of medication and dosage.

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Please ensure that your child has adequate supplies of medication and dosage.

**To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious.**

Yes/No

If YES, please give full details:

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In the case of a residential course, does your child have any:

- Special Dietary needs?.....

**DECLARATION BY PARENT/CARER**

- ◆ I have read the attached information provided about the proposed educational visit and insurance arrangements.
- ◆ I consent to my child.....taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in all the activities mentioned.
- ◆ I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- ◆ I am aware of the levels of insurance cover.
- ◆ I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to the School/Organisation prior to the visit.

**Signature of Parent/Carer**..... **Date** .....

**(N.B. Parental/Carer consent required for children aged 17 and under)**

Name of parent/carer in block capitals:.....

Address:.....

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