

Dear Parent/Guardian

RE: Trip to Nottingham University, Tuesday 5th May 2020

You will remember that all students were given the opportunity to visit Liverpool University back in October. Students were extremely positive about the speakers they heard from and were able to capitalise on the opportunity to meet with university students and discuss real-life University experiences.

As we continue our support in guiding Dixons Sixth Form students towards a place at one of the top universities in the country, I am pleased to extend an invitation to all students to visit Nottingham University. We will be departing College by coach at 730AM on Tuesday 5th May 2020. We aim to return to College by no later than 5pm.

The itinerary for the day will be as follows:

1030 Arrival at the University of Nottingham

1045 Introductory talk

1100 Campus tour

1215 Lunch break

1300 Student finance workshop

1330 Student life

1400 Depart

Whilst the event is free of charge to our students, we ask for a contribution of £10 per student to cover the cost of the coach. In order to attend the event, please complete the form below to provide details of medical information, consent and to confirm that you have paid £10 on Parent Pay for the coach. Please note that space on the coach is limited and therefore your place on the trip will only be confirmed upon receipt of your return slip and £10 contribution.

We look forward to working more closely with students to support them in achieving their academic potential.

Yours sincerely,

Mrs R Woollard

Assistant Principal: Teaching & Learning



PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM

This form is to be complete in full by the parent/carer and returned to reception by **Monday 24 Feb**

Full name of student:

Check in Group:

- ☐ I agree 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.

- ☐ I have paid £10 via Parent Pay to cover the cost of the coach for this trip

EMERGENCY DETAILS

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

Home :.....

Mobile Telephone no:

Name:

MEDICAL INFORMATION

Does your child suffer from any 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:

.....
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.

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

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

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

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

