



9th December 2019

Dear Parent/ Carer

RE: Easton and Otley College and UEA Visit Tuesday 10th December

As part of your child's post 16 decision making we are offering a small cohort of students the opportunity to visit Easton and Otley College and UEA for a taster day on Tuesday 10th December instead of attending the MCA6 taster day. We have taken this decision as your child has clearly indicated that they do not wish to attend post 16 provision in a sixth form or at MCA6.

We will travel by mini-bus leaving the academy at 9:00 a.m. and returning by 3:30 p.m. Students will need to bring a packed lunch. If you are in receipt of Free School Meals and would like the academy to provide a packed lunch, please indicate this on the reply slip. Students can wear non-uniform on this day.

Yours sincerely,

R Goodenough

Mr R Goodenough
Vice Principal

Please return to: Reception

Re: Easton and Otley College and UEA Visit Tuesday 10th December

Student Name: Year Group:

I give permission for the above named student to attend the trip to Easton and Otley College and UEA.

My child is entitled to a free school meal and would like to be provided with a packed lunch: Yes / No

Signed:

Dated.....



Mildenhall College Academy- EDUCATIONAL VISITS

PARENTAL CONSENT FORM (PC/07)

NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: Easton and Otley College and UEA

DATE(S) OF VISIT(S): Tuesday 10th December

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: _____

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the academys' governors.

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Home Address

Alternative Contact if required

Name: _____

Name: _____

Address: _____

Address: _____

Post Code: _____

Post Code: _____

Tel: _____

Tel: _____

Tel: _____

Tel: _____

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

