



Rg/Cc
16th September 2019

Dear Parent/ Carer

Re: Year 7 Parent / Carer Open Morning

We are extremely proud of what we do on a daily basis and we would like to invite you to an Open Morning at the academy on **Wednesday 25th September 2019 between 10.45 a.m. – 12.30 p.m.** During this time you will have the opportunity to have a tour of the academy, visit lessons and meet key staff.

If you would like to attend this event return the reply slip to reception by **Friday 20th September 2019** or alternately send an email to reception@mca.attrust.org.uk to book your place.

Should you have any questions please do not hesitate to contact me on the above academy details.

Yours sincerely

Mr R Goodenough

Mr R Goodenough
Vice Principal

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To: Reception

Re: Year 7 Parent / Carer Open Morning

Student's Name **Tutor Group**

Names of Parent/ Carer attending the Open Morning (10:45 a.m. – 12:30 pm)
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.....

Signed Parent/ Carer **Date**



Mildenhall College Academy- EDUCATIONAL VISITS PARENTAL CONSENT FORM (PC/07)

NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO:

DATE(S) OF VISIT(S):

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

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: _____

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.

