



Dear Parent / Carer

Re: February Half Term - Music Composition Coursework Day

I am writing to ask permission for your child to attend a composition coursework session at Mildenhall College Academy on **Monday 17th of February 2020**. This is an optional opportunity that offers your child additional time to work on their compositions with a teacher on hand to give help and guidance.

The day will begin at 9:00 am and end at 3:00 pm.

Please complete and return the attached slip to give permission for your child to attend. We ask that you provide them with a packed lunch and drinks for the day as none will be available at the academy. Students will not be allowed to leave the site to get food.

We recognise the importance of a strong partnership between our students, parents/carers and staff in all aspects of learning to ensure every student is supported and encouraged in making progress therefore we hope that your child is able to attend this day.

Yours sincerely

S. Wright

Mrs. Wright
Music Teacher

Enc

To: Reception

Student's Name..... Tutor Group.....

I give permission for the above student to attend Mildenhall College Academy for a **Music Composition Coursework Day from 9am – 3pm on Monday 17th of February 2020**.

Signed..... Parent / Guardian



Mildenhall College Academy- EDUCATIONAL VISITS

PARENTAL CONSENT FORM (PC/07)

NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: Mildenhall College Academy

DATE(S) OF VISIT(S): Monday 17th February 2020

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 academy's 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.
