



THE BURGESS HILL ACADEMY

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Principal: Jon Francies

Our ref: Year 10 Study Skills Day/LDN

4th December 2017

Dear Parent/Guardian,

Year 10 Study Skills Day – Tuesday 30th January

One of the initiatives that we are working on as a new Academy is to raise students' aspirations and improve their understanding of the competitive and wider world that will be open to them when moving on from the Academy. The University of Brighton have planned an exciting event for the whole of year 10 on Tuesday 30th January aimed at inspiring students to push their expectations and ambitions and look at how their attitude to education and performance in school can enhance this.

Students will need to register as normal and then meet in the Barnden Hall at 8.50am in order to leave the Academy at 9.15am. We will travel by coach to the University of Brighton. We will be leaving the university at 2pm and aim to return to the Academy by 3pm.

Students will need to wear full school uniform and bring a packed lunch. Lunches will be provided for students in receipt of free school meals.

We believe this event presents a great opportunity and hope very much that your son/daughter will take advantage of this experience. If you would like your son/daughter to attend this event please return the attached slip by Friday 12th January .

The emergency contact for this trip will be Mr A. Smith who, if need arises, can be contacted on 01444 241691.

Please could you reiterate with your child the need for them to continue to follow the Academy's rules on behaviour (including the use of mobile phones) whilst on this trip. If your child is caught breaking any of the rules, including the inappropriate use of their mobile phone, they may be given an appropriate sanction both during and after the trip.

Please do not hesitate to contact me at the academy if you require more information.

Yours sincerely,

Mrs L. Dorgan
Widening Participation Co-Ordinator



Year 10 Study Skills Day – Tuesday 30th January 2018

Name of Student: Tutor Group:

I would like my son/daughter to take part in the above mentioned trip.

If there have been any changes to the emergency contact number or medical conditions of my child, I understand it is my responsibility to contact the Reception with the amendments.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I **do/do not*** give my consent for pictures of my child to be taken on this trip and published, with their names and ages, within the Academy. ***delete as applicable**

In the event of an emergency and the school being unable to contact me, I give permission for any medical treatment deemed necessary; including anaesthetic to ensure the well-being of my child to take place. In the event of illness or medical treatment occurring after the return of this form and prior to the trip, I undertake to inform the group leader.

My emergency contact telephone number for these days is:

By signing this form I accept and agree with the statements above. I agree to the method of transport as detailed in the letter. If a situation occurs on the day of, or throughout the trip, I agree to contact the emergency contact (as given in the letter) and I agree to contact the trip organiser in the first instance if I have any issues arising from the trip once it is over.

I am not aware of any pre-existing medical condition that may affect my child's participation on the trip. My child has not been an in-patient or had emergency medical care in the 12 month period preceding the time of booking this trip that may affect their participation.

If my child does have an existing medical condition that is not stable or under control or has in-patient or emergency medical care prior to the trip, I understand that I must contact the trip organiser and that I must provide a doctor's note that states that my child is fit to participate on the trip.

Signed: Parent/Carer Date:

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To the Medical Room

B'tonUni 30.1.18

I will be providing travel sickness medication for this trip and give permission for this to be administered to the student named below.

Signed:Parent/Carer Student:

