

Westbourne Academy

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Principal - Mr Garry Trott

Our ref: SMO/EPE

20 March 2018

Dear Parent

**Re: «Forename» «Surname» - «Reg»
Raising Aspirations: Year 9/10 University of Suffolk Sports Tour
Wednesday 28 March 2018 – 11.00am – 3.00pm**

As a result of your child's excellent attitude and commitment within PE lessons this year and their interest in sport outside of Westbourne Academy, we would like to invite them to attend the above event. The aim of the visit is to give students an opportunity to see how sport and physical activity is delivered at higher education level and learn about potential career pathways within this employment sector.

The tour will take place on Wednesday 28 March at University of Suffolk University, on the Ipswich Waterfront. We will depart by coach at 11.00am and return at approximately 3.00pm. Students will need to bring a packed lunch and suitable refreshment for the duration of the visit. Students who are entitled to free school meals (FSM), will be provided with a packed lunch on the day from our Food Hall. Students need to wear their full academy uniform (ie not their sports kit).

Experiences of this nature play an important part in the learning and development of our young people and we understand the financial demands placed on parents as a result of our activities. Any transportation costs and fees associated with this event have been funded through our links with the University of Suffolk; there is no cost to parents.

On the consent form attached, it is very important that you let us know of any medication or medical conditions. We will be carrying a first aid kit and at least one member of staff accompanying the trip is a qualified first aider. Visits are insured through the Trust's insurance (Zurich Insurance).

Assuming «Forename» wishes to participate, please complete, sign and return the attached consent form to me by Tuesday 27 March 2018. We thank you in advance for your co-operation in allowing your child to participate. If you have any queries, please contact me on 01473 466141.

Yours sincerely

S Moore
Team Leader – PE/Sports
Email: stuart.moore@westbourne.attrust.org.uk

Enc





Giving Permission

This letter is about important information. You need to understand this information before you sign the form. Do not just ask your child to translate the information. If you are unable to read this information because English is not your first language, please ask someone who speaks English to contact the school on 01473 742315 or email office@westbourne.attrust.org.uk

Lietuvių kalba/Lithuanian - Suteikti leidimą

(Šiame laiške yra svarbi informacija. Jūs turite suprasti informaciją prieš pasirašant ją. Neprašykite savo vaiko, geriau paklauskite suaugusio asmens kuris kalba Anglų kalba. Jei negalite perskaityti šios informacijos, nes anglų nėra jūsų gimtoji kalba, kreipkitės į ką nors, kas kalba angliškai arba kreipkitės į mokyklą 01473 742315 arba el office@westbourne.attrust.org.uk

Polski/Polish - Dawanie pozwolenia

List ten zawiera ważne informacje. Musisz zrozumieć informacje przed jej podpisaniem. Nie pytaj dziecka, lepiej jest poprosić kogoś dorosłego, kto mówi po angielsku. Jeśli nie możesz przeczytać tej informacji, ponieważ angielski nie jest twoim pierwszym językiem, poproś kogoś, kto mówi po angielsku, lub skontaktuj się ze szkołą 01473 742315 lub e-mail office@westbourne.attrust.org.uk

Em português /Portuguese - Dê permissão/consent

Esta carta é uma informação importante. Você precisa entender esta informação antes de assinar o formulário. Não basta pedir ao seu filho para traduzir a informação. Se você é incapaz de ler esta informação, porque o Inglês não é sua língua nativa, por favor, pergunte a alguém que fala Inglês deve contactar a escola 01473 742315 ou e-mail office@westbourne.attrust.org.uk

Limba română/Romanian - Permissiune/giving consent letter

Această scrisoare este o informație importantă. Aveți nevoie să înțelegeți aceste informații înainte de a semna formularul. Nu doar să cereți fiul sau fiica ta pentru a traduce scrisoarea. Dacă nu puteți citi această informație pentru că engleza nu este prima limbă, vă rugăm să întrebați pe cineva care vorbește limba engleză trebuie să contacteze școala 01473 742315 sau e-mail office@westbourne.attrust.org.uk

WESTBOURNE ACADEMY- EDUCATIONAL VISITS

STUDENT'S NAME: _____ FORM: ____ DATE OF BIRTH: _____

SCHOOL: WESTBOURNE ACADEMY

VISIT(S) TO: Y9/Y10 UNIVERSITY OF SUFFOLK SPORTS TOUR

DATE(S) OF VISIT(S): THURSDAY 28 MARCH 2018 – 11AM to 3PM

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 school 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

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

Alternative Contact if required

Name: _____

Address: _____

Post Code: _____

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.

Office Use Only: