

Westbourne Academy

Marlow Road T 01473 742315
Ipswich F 01473 464825
Suffolk E office@westbourne.attrust.org.uk
IP1 5JN W www.westbourne.attrust.org.uk



WESTBOURNE
ACADEMY

Principal - Mr Garry Trott

Our ref: RHA/EPE

21 March 2018

Dear Parent

Year 8: Cambridge University STEM Taster Day: Wed 28 March 2018

Student Name & Form

As a result of your child's high achievement and progress in Maths, **name** is one of a group of 26 students in Year 8 who are invited to a STEM (Science Technology Engineering Maths) taster day at Cambridge University's Homerton College. Students will have a STEM focused taster lecture to give them an insight into the expectations of university life. This time next year, they will be choosing their Key Stage 4 Pathway subjects and this experience will enable them to tailor their choices so they are targeted towards going on to a good or outstanding university, such as Cambridge or Oxford.

We will be travelling by coach, departing the academy at 8.15am, we will depart from Homerton College at 3.15pm and anticipate arriving back at the academy at approximately 4.30pm. Therefore arrangements will need to be made for collecting your son/daughter at that time or they will be free to make their own way home from school. Students will need to wear their full academy uniform and arrive promptly at 8.00am at the front of school, ie our main reception/visitor entrance point.

Visits such as this play an important part in the learning of our students and we understand the financial demands placed on parents resulting from our school activities, which is why this trip has been subsidised in part by the academy. We therefore seek a contribution of £14.00 towards transportation costs. However, should we not receive enough interest or contributions to make this trip financially viable, it will be cancelled and any payments refunded.

On the permission slip it is very important that you let us know of any medical condition or medication. We will be carrying a first aid kit and at least one member of staff accompanying the visit is a qualified first aider. Students will need to bring a packed lunch and suitable refreshment for the duration. Any student who would normally receive a free school meal (FSM) will be provided with a packed lunch on the day from the Food Hall. This visit is fully covered by the academy's insurance policy (ZURICH Insurance) and students will be accompanied by Miss Popat and me.

Please sign and return the attached permission form if you wish your child to attend the trip. Payment must be made online via ParentPay no later than Monday 26 March. Payment is required in full before the trip departs and consent forms must be return to me by Monday 26 March as well. If you have any further questions with regard to the trip, please do not hesitate to contact me at school.

Yours sincerely

Richard Hawkes - Assistant Principal & Teacher of Geography
Email: Richard.hawkes@westbourne.attrust.org.uk
Direct Tel: 01473-466110

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Trips

This letter is about a trip. This information is urgent. 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.atrust.org.uk

Lietuvių kalba/Lithuanian - Mokyklos ekskursijos/Trips

Šis laiškas yra apie ekskursijas. Ši informacija yra svarbi. 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.atrust.org.uk

Polski/Polish - Wycieczki szkolne/trips

Ten list jest o wycieczce szkolnej. Informacja ta jest ważna. 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.atrust.org.uk

Em português /Portuguese - Viagem de Escola/ trips

Informe-se sobre esta carta de uma viagem escolar. Esta informação é importante. 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.atrust.org.uk

Limba română/Romanian - excursii școlare/field trip letter

Această scrisoare de informații este cu privire la o excursii școlare. Această informație este importantă. 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.atrust.org.uk

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WESTBOURNE
ACADEMY



WESTBOURNE ACADEMY- EDUCATIONAL VISIT PARENTAL CONSENT FORM

NAME OF CHILD: _____ FORM: _____ DATE OF BIRTH: _____

VISIT(S) TO: Cambridge University – Homerton College Taster Day

DATE(S) OF VISIT(S): Wed 28 March 2018 (Departing 8.15am/Returning 4.30pm)

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.

Payment to be made online through ParentPay no later than Monday 26 March 2018 please.

Office Use Only: