

Westbourne Academy

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WESTBOURNE
ACADEMY

Principal - Mr Garry Trott

Our ref: ASm/EPe

7 February 2018

Dear Student

Re: SWISS Student Leadership Conference (Year 9) – Friday 23 February 2018

I am writing to you about an exciting opportunity for students to take part in the above conference to be held at Ipswich Town Football Club. The theme of the conference will be 'Developing a Student Leadership Model', offering students the opportunity to meet with peers from other schools and take part in three different workshops designed to train Student Leaders to be effective role models to younger students with whom they engage.

Students will be provided with information, guidance and advice on leadership skills and how this may be effectively delivered and used to raise aspirations in others. Students will learn how to create a network across SWISS Schools to develop supportive and long term links. Student perspective on this subject is vital and I strongly believe that you will make a creative and innovative contribution to the day. Other local high schools have experienced and enjoyed excellent results from feedback and ideas on Learning and Teaching following successful Learning Ambassador Programmes. This opportunity provides an outstanding and brilliant example of determined, committed and focused student involvement and good practice that can be shared with others within the Programme.

You have been selected as one of the students to represent Westbourne Academy for this project and should be very proud that you have been chosen as an ambassador for the academy. Your maturity, eagerness to learn and positive contributions to your lessons are clear indications that you will make an excellent delegate for this event.

Transport will be provided to and from the event and there will be no change to the normal timings of the school day. Students will need to meet me at Student Services at 8.25am. Full school uniform must be worn and valuables should be kept to a minimum. Refreshments and lunch will also be provided and it is essential that we are informed of any dietary requirements you may have. Photographs may be taken during the event which could be used for publicity purposes. If you would like to attend but do not wish your photograph to be used in any publications please indicate this on the form attached.

I believe that this event will be a very valuable learning experience for you and I hope that you will be able to join us in this exciting venture. I would be grateful if you could arrange for your parent to complete, sign and return enclosed parental consent from by **Monday 19 February 2018**. If you wish to discuss this matter further or require any additional details please do not hesitate to come and see me in S9.

Yours sincerely

Mr A Smith
Associate Assistant Principal

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

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

SCHOOL: WESTBOURNE ACADEMY

VISIT(S) TO: SWISS Leadership Conference (Year 9) at ITFC Portman Road

DATE(S) OF VISIT(S): Friday 23 February 2018: 8.25am - 3.00pm (approx.)

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) Date: _____

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.

Please return to Mr A Smith (S9) no later than Monday 19 February 2018. Thank you.

Office Use Only:
