

St PAUL'S CATHOLIC SCHOOL

A Specialist Science College and Training School

Phoenix Drive Leadenhall Milton Keynes MK6 5EN

Headteacher: Michael Manley



December 2011

LCE/tss

Dear Parent

Re: Trip to: Butterfields Campus, University of Bedfordshire

I am writing to inform you of a trip we are planning for Wednesday 8th February 2012 to the University of Bedfordshire in Luton which is being offered as part of our 'Aim Higher' programme. I would like to invite your child to take part in a day that will entail a visit to The Butterfields Campus which is where the University's midwife training centre is located, and will be departing from school at 8.55am. Various activities including a tour of the facilities at the University, the opportunity to take part in simulated deliveries and 'scrub up' and discuss courses available with university staff and meeting current undergraduates are planned for the morning. We will have lunch at the University and then head back to school arriving around 3.30pm.

We are extremely fortunate to be able to offer this trip to your son/daughter at no cost to yourself and I am sure you will agree that this is a wonderful opportunity. If you would like your child to attend, please sign the attached form returning it in an envelope directly to the Finance Office. Please ensure you write the name of the trip on your envelope. I have also enclosed a parental consent form which I would be grateful if you could complete.

If you have any queries relating to the trip, please do not hesitate to contact me either by telephone or email to lisa.crane@st-pauls.org.uk.

Yours sincerely

Lisa Crane
Teacher i/c GCSE Health and Social Care



PARENTAL CONSENT FORM – RETURN TO FINANCE OFFICE (A138)
Butterfields Campus, University of Bedfordshire – Administrator – Mrs T Sciberras
(This form or a copy will be taken by the Leader on the visit)

SCHOOL/CENTRE: _____

Pupil's Name: _____ Form: _____

1 DETAILS OF VISIT

Visit to: _____

From: _____ Date/Time To: _____ Date/Time

I agree to my son/daughter taking part in the above-mentioned visit and, having read the information sheet, agree to his/her participation in the activities described. I support the need for responsible behaviour on his/her part.

2. DECLARATION

To the best of my knowledge my son/daughter is not suffering from any medical condition that makes them unfit to participate in this visit or the activities described. I agree to my son/daughter receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I give consent for my son/daughter to receive paracetamol if necessary YES/NO

I may be contacted by telephoning the following numbers:

Work: _____ Home: _____

My home address is: _____

If not available at above, please contact:

Name: _____ Telephone No: _____

Address: _____

Name, address and telephone number of family Doctor

Tel: _____

Signed: Date

Name (Please print) _____

