

25 May 2018

Dear Parent/Carer

UNIVERSITY VISIT EDGE HILL – TUESDAY 3 JULY 2018

In order to provide students with the experience of university, we will be taking all Year 12 students to Edge Hill University in Ormskirk, on Tuesday 3 July 2018.

This is a fantastic opportunity for all students to gain an insight in to university life and experience campus life. Students will experience lectures, campus tours and workshops to support their applications to university. Students may attend in their own clothes and must register at 8.25am as normal. Once at the university, students will follow a programme of activities, moving round the campus in groups although staff will be on hand to offer support. Under no circumstances should students leave the campus at any point during the event. Lunch will be provided on the day. We will arrive back at school before the end of the school day. On arrival back at school, students will be permitted to go home.

We request a small contribution of **£6.00** to help cover the travel costs of the trip. Unfortunately, we no longer accept cash payments. You can however, make payments directly to Parent Pay via the school's website. Please contact Ms Ralph if you require log in details on 01925 750700.

To ensure your son/daughter is able to take advantage of this fantastic opportunity, please complete and return the consent form attached to this letter to the school shop no later than 15 June 2018.

If you have any queries about this event, please do not hesitate to contact Sixth Form Student Services on 01925 755458 extension 124.

Yours faithfully



K LOWRY-JOHNSON (Mrs)
Deputy Head of Sixth Form

Headteacher: Mr Gwyn Williams

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Edge Hill MEDICAL INFORMATION AND CONSENT

Pupil Name:		Form:	
Date of Birth:			
Address:			
Home Tel:	Work Tel:	Mobile:	
Emergency contact details:			
Name:			
Tel No:		Relationship to Pupil:	

MEDICAL INFORMATION *(Please complete or delete where applicable)*

- 1 Doctor's name:

 Surgery address:

 Telephone number:
- 2 To the best of my knowledge my son/daughter/ward is fit and healthy.
He/She is not in the care of a doctor and requires no special treatment.

 He/She is not taking any form of medication.

 He/She is taking or requires medication.

 Please indicate details of the medication:

 Dosage: being taken for:
- 3 My son/daughter/ward suffers from: - *(please include allergies, incontinence problems)*

 Details of condition:

 Details of treatment:

 Details of any other recent illnesses:
- 4 Please give details of any special dietary requirements:

 Vegetarian YES / NO

