



"Aspire, achieve, acclaim"

# The Ferrers School

Head Teacher: Mrs Angela Smith MBA, PGCE, BSc (Hons)



"Aspire, achieve, acclaim"

17<sup>th</sup> January 2019

Dear Parents and Carers,

## Year 11 GCSE Business Trip – Grade Booster Workshop - Birmingham

The Business department will be running a trip to the Grade Booster Workshop in Birmingham **Friday 29<sup>th</sup> March**.

The day is designed to allow students to partake in an intensive revision workshop which focuses on the key skills and exam technique that students need to master in order to maximise their exam performance in summer 2019. Students will also get a comprehensive workshop booklet which also includes follow-up revision materials.

The cost of the trip, is **£40.50**. We will be departing school at 8.30am and aim to return by 5.30pm. Students **will be** required to wear full school uniform. They should also either bring a packed lunch or money to purchase lunch, as this will not be provided.

Students taking part in trips are representing The Ferrers School and we therefore expect the highest standards of behaviour whilst they are out of school. For this reason, if the behaviour of a student gives us cause for concern in school prior to a trip taking place, we reserve the right not to accept them on the trip, and to return money and forms. Please read the Terms and Conditions document for Trips and Residential on the school website under Letters Home for All Years.

If you would like your child to attend this trip, please return the consent form to Student Services and make your voluntary contribution of **£40.50** (if sufficient voluntary contributions are not made the trip may not be able to go ahead) on **'Parent Pay' On-Line**. Please do not hesitate to contact the Finance Office if you need any assistance with doing this.

All payments and completed consent form must be received by the deadline of **9am** on **Thursday 31<sup>st</sup> January**. Failure to do so may result in your child no longer being able to take part in this trip.

Yours sincerely,

*Mrs Lloyd*

Mrs Lloyd  
BECIT Teacher



Artsmark  
Silver Award  
Awarded by Arts  
Council England



INFLUENCING  
SUPPORTING &  
CONNECTING



## OFF-SITE VISIT PARENTAL CONSENT FORM CONFIDENTIAL INFORMATION

Information given on this form will not prejudice the inclusion of your child on the trip.

It is essential to complete this form accurately in the interests of your child's safety.

Student surname \_\_\_\_\_ Student forenames \_\_\_\_\_

School **The Ferrers School** Class \_\_\_\_\_ Age on departure years \_\_\_\_ months \_\_\_\_

Visit to **GCSE Business Grade Booster Workshop** on **29<sup>th</sup> March 2019**

I wish my child to take part in the above mentioned visit and having read the letter dated 22<sup>nd</sup> January 2019 agree to him/her taking part in the activities described.

I have paid for the trip using Parent Pay On Line.

On occasions there may be an official photographer and the local media at the event to take photographs, film or interview students. I give permission for my child to be photographed, filmed or interviewed.

I acknowledge that The Ferrers School **does not** provide insurance cover for personal items and therefore recommend that my child does not take these items on the trip but if they do you strongly advise me/us to take out a personal insurance policy to cover for loss or damage of the following items. Mobile phones, iPods/iPads/MP3 players, CDs, DVD players and handheld computer games (and other items of a similar nature)

I shall instruct my child to wear a seat-belt whilst travelling by motor vehicle and to abide by any other safety instructions and behavioural requirements.

Signed \_\_\_\_\_

**Father - Mother – Step Parent- Legal Guardian/Carer (please delete as necessary).**

To ensure that parents may be contacted if necessary - please complete the following:

Parents home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone numbers

Home \_\_\_\_\_  
Work \_\_\_\_\_  
Mobile \_\_\_\_\_

Up to date email contact (s): \_\_\_\_\_

Parent's address if different during the visit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone numbers

Home \_\_\_\_\_  
Work \_\_\_\_\_  
Mobile \_\_\_\_\_

Second contact - neighbour/friend's address - this can be a contact just for the duration of the trip.

Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone numbers

Home \_\_\_\_\_  
Work \_\_\_\_\_  
Mobile \_\_\_\_\_

**The following information must be completed**

Does your child follow a special diet? \_\_\_\_\_

**Does your child have any condition requiring medical treatment, you must include the details of medication they take.**

**Please give details:**

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**Immunisation status**

Is your child vaccinated against Tetanus

YES \_\_\_\_\_ NO \_\_\_\_\_

Date of injection \_\_\_\_\_

Date of booster \_\_\_\_\_

Please give details of any other relevant vaccinations: \_\_\_\_\_

If your child has recently been exposed to any infectious diseases he/she should be examined by a doctor and a letter of fitness to participate must be issued.

Has your child had any of the following?

Asthma or Bronchitis

YES \_\_\_\_\_ NO \_\_\_\_\_

Recent Fracture or Ligament Damage

YES \_\_\_\_\_ NO \_\_\_\_\_

Heart condition

YES \_\_\_\_\_ NO \_\_\_\_\_

Fits, Fainting or Blackouts

YES \_\_\_\_\_ NO \_\_\_\_\_

Severe Headaches or Migraine

YES \_\_\_\_\_ NO \_\_\_\_\_

Diabetes

YES \_\_\_\_\_ NO \_\_\_\_\_

Haemophilia

YES \_\_\_\_\_ NO \_\_\_\_\_

Sleep walking

YES \_\_\_\_\_ NO \_\_\_\_\_

Any Allergies

YES \_\_\_\_\_ NO \_\_\_\_\_

Any other illness or disability

YES \_\_\_\_\_ NO \_\_\_\_\_

Please give details

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Please give your family doctor's Name, Address and Telephone Number.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

This form or a copy of it must be taken by the group leader on the visit.

A copy must remain at school.

This form should be distributed to parents with full details of the visit.