

Tudor Grange Samworth Academy

A Church of England School



19th February 2018

Dear Parent/Carer

Year 7 Trip to The Richard III exhibition and The Guildhall

On Friday 16th March we will be taking Year 7 students to The Richard III museum and The Guildhall to participate in a number of workshops as part of their study of Shakespeare's Richard III. This trip has been organised to support your child's study of the play and will be an excellent opportunity for them to learn more about the king.

The cost of this trip is £15.00 per child which should be paid on return of the consent form to Mrs Morton or Mrs Lloyd-Trewick. The final date for reply slips is Monday 26th February.

We will be leaving school at 9:40am and return at approximately 2:50pm.

Full school uniform must be worn.

Students who receive free school meals will be provided with a packed lunch, all other students should bring their own.

Please complete and return the attached consent form as soon as possible to secure your child's place on the trip.

Yours Sincerely

Amelia Morton

Head of English

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PARENTAL CONSENT FORM FOR A SCHOOL VISIT	
School Group: Tudor Grange Samworth Academy	
Destination: Richard III Museum and The Guildhall	
From - Date/Time: Friday 16 th March at 9.40am.	To - Date/Time: Friday 16 th March at 14.50pm.
I agree to my child taking part in this visit and have read the information sheet. I agree to his/her participation in the activities described.	
2. Medical information about your child	
a) Any conditions requiring medical treatment, including medication? YES/NO If yes please give brief details:	
b) Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:	
c) Is your son/daughter allergic to any medication? YES/NO If yes please specify:	
3. Declaration	
I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.	
I ENCLOSE £15 CONTRIBUTION <input type="checkbox"/>	
I HAVE PAID £15 CONTRIBUTION VIA PARENT PAY <input type="checkbox"/>	
Contact Telephone Numbers	
Home:	Work:
Home Address:	
Alternative emergency contact: Tel Number: Name & Address:	Name of family doctor: Tel Number: Name & Address:
Signed: Legal Parent/Guardian Dated:	
Full Name (<i>capitals</i>):	
If your child is entitled to a free school meal please indicate if they will require a packed lunch: Yes <input type="checkbox"/> No <input type="checkbox"/>	