



WOLGARSTON HIGH SCHOOL

Staffordshire

Our reference PJT/DJ/pf
5 October 2011

Parent Letter No 17 (Selected Students)

Dear Parent / Carer

Lecture Demonstrations at the University of Birmingham

We are planning to take our Sixth Form chemistry students to a series of exciting lecture demonstrations at Birmingham University. This is not an essential part of the course but will enhance the A2/AS Salter's Chemistry units.

Date	Lecture
11 October 2011	Smack, Crack, Speed and Weed – a forensic chemist's tale
18 October 2011	A healthy, wealthy, sustainable world
15 November 2011	A little light relief
06 December 2011	Chemical magic
10 January 2012	A level revision: organic chemistry mechanisms
20 March 2012	Chemical engineering of chocolate crème eggs

We will be travelling by train and will leave Penkridge station at 1716^{hrs}. The return is scheduled for approximately 2103^{hrs}. Please make arrangements to collect students from the station. The lectures are free and each student will need to pay for their own rail fare at the time of travel.

All bona fide visits by Staffordshire schools are covered by the County Council's public liability insurance and school journeys insurance (copy of policy overleaf). In addition, the necessary risk assessments for this visit have been carried out.

If you would like your son/daughter to attend these lectures, please complete the attached parental consent forms and return to the student reception by **Monday 10 October 2011**.

Should you have any queries regarding these visits, please do not hesitate to contact me at the school.

Yours sincerely

Mrs D Jones
Visit Leader

Headteacher: Mr P J Tapp MA

Wolgarston High School, Cannock Road, Penkridge, Staffordshire, ST19 5RX

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PARENTAL CONSENT FOR A SCHOOL VISIT

Student Name Year, House and Tutor

1) **Visit Details**

Visit to Chemistry Lectures at Birmingham University on 11 October 2011, 18 October 2011, 15 November 2011, 06 December 2011, 10 January 2012 and 20 March 2012.

2) **Medical Details**

My son / daughter has the following medical or special needs
.....
.....

3) **Dietary Details**

My son / daughter has the following dietary needs
.....

Please tick the box if your son/daughter is in receipt of free school meals and requires a packed lunch from the school's catering provider.

4) **Insurance**

I understand the limits of insurance provided for this visit.

5) **Transport**

I understand the transport arrangements for this visit and my son / daughter understands the need to wear a seatbelt. I will be responsible for the transport of my child to and from the pickup point, if required.

6) **Payment Nil.**

7) **Photographs**

Photographs taken on the visit may be used in school, school publications (including the website) or education service promotional information.

Please tick the box if you do **NOT** wish your son/daughter photographs to be included.

I agree to the above named student attending the visit as detailed above. I acknowledge that in order to be included, he/she will need to maintain good attendance and responsible behaviour.

Name of Person with Parental Responsibility (please print)

Signature of Person with Parental Responsibility

Telephone Number in case of Emergency

Date

FOR OFFICE USE ONLY

Parental consent and payment (where applicable) received:

(date stamp)

Payment by Cash Cheque. Name of Drawer.....

(date stamp)