

MWA/dgr

21st February 2019

Dear Parent/Carer

The Big Bang Fair, Birmingham – Friday 15th March 2019

At All Saints Academy, we are committed to our vision of Living Well Together with Dignity, Faith and Hope. We offer a wide range of visits, trips and activities because we know that our students become more dignified through increased life experiences and their hope and aspirations for their futures are increased through broadening their horizons.

We are excited to be able to offer your child the opportunity to attend the Big Bang Fair on Friday 15th March 2019. The Big Bang Fair is acclaimed to be the largest celebration of science, technology, engineering and maths for young people in the UK. The Fair aims to show young people just how many exciting and rewarding opportunities are available to them. Further details can be found on the Big Bang website at www.thebigbangfair.co.uk.

We will travel to and from the Fair by coach, leaving the Academy at 9.00am and returning at approximately 4.30pm. Students will need to bring a packed lunch and are expected to wear full school uniform and comfortable school shoes. The Fair does have refreshments on sale and items to buy so students may wish to bring some spending money with them. As students will be required to carry their belongings with them all day, please ensure they bring only essential items and that these are carried in a suitable bag.

The cost of this visit is £9.50 which will cover the cost of the transport. If your child wishes to attend this exciting visit, please complete the attached consent form along with the full non-refundable payment and return to Student Reception no later than Tuesday 5th March 2019. Payment can be made by cash or cheque which can be handed in at Student Reception or via ParentPay. As we will be arriving back at the Academy after the end of the school day, please indicate on the form if you will be collecting your child, or if they are able to walk home. Unfortunately the Academy cannot accept any slips returned after this date.

Should you have any questions please do not hesitate to contact me at the Academy.

Yours faithfully



Michelle Watt
Lead Teacher Character Education

All Saints Academy, Houghton Road, Dunstable LU5 5AB

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Executive Principal: Liz Furber

Registered Company No: 685140



Please return to Student Reception by Tuesday 5th March 2019

Re: Big Bang Fair

Student's Name _____ Tutor Group _____

I give permission for my child to take part in the visit to the Big Bang Fair on Friday 15th March 2019.

I have paid £9.50 cash / cheque to cover the cost of the visit

OR

I have paid £9.50 via ParentPay to cover the cost of the visit

I will collect my child at 4.30pm

OR

My child has permission to walk home at 4.30pm

Before signing this Consent Form, it is important that you understand that:

- 1. Whilst the supervisory adults in charge of the group will take all reasonable care of your child, they cannot be held liable in respect of loss or damage to the property or injury suffered by your child as a result of the educational visit/journey unless such loss, damage or injury results from the negligence of an employee or official volunteer of All Saints Academy Dunstable.
2. You read and understand the extent and limitations of the insurance cover provided, if applicable

I agree to my child 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.

EMERGENCY CONTACT DETAILS (please include name of contact)

Name of contact _____ Relationship to student _____

Home _____ Work _____ Mobile _____

Please advise of any medical condition(s)/allergies/ dietary requirements of which we should be aware

Is the student taking any medication? YES/NO (delete as appropriate)

If yes, please name the medication _____

How often and what is dosage taken? _____

Do staff members have permission to administer the above medication where necessary? YES/NO (delete as appropriate)

Name of your child's doctor _____ Doctor's telephone number _____

Signed _____ (Parent/Carer) Date _____