



May 2024

Headteacher - Patrick Earnshaw  
Deputy Headteacher - Mathew Downs

Dear Parent/Guardian,

Bournemouth University Visit – 19<sup>th</sup> July 2024

Your child has expressed an interest in participating in the Bournemouth University Informational Visit during activity week. The trip will incorporate a campus tour and general Higher Education talk (Higher Education - Why and How or Student Life). This provides an excellent insight into Higher Education, the variety of courses, student life and potential future career pathways. It is supporting the high expectations Highcliffe School has for its students and to encourage and develop high aspirations in students.

The trip will leave school at 09:00 and arrive back to Highcliffe at around 14:45, to ensure students will be back for their normal transport home. For this activity a packed lunch will be required, and normal school uniform. Students who are entitled to free school meals will have a packed lunch provided for them.

The cost of the trip to Bournemouth University is £5 to cover travel costs. Should you wish your child to take part in this activity, please pay via the school's online WisePay facility by Monday 20<sup>th</sup> May. Please make a note of your WisePay receipt reference.

Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

The places are issued on a first come first served basis, however, the Headteacher will consider attendance and behaviour before the trip commences. If they are not acceptable, prior to the trip parents will be consulted and, where time allows, be involved in achieving a positive resolution.

Where participation is disallowed, this may result in the partial or full loss of trip costs. If you have any further questions, please do not hesitate to contact me at the school.

Yours faithfully,

Simon Hallam

Director of Learning



STUDENT NAME ..... TUTOR .....

TO BE RETURNED TO STUDENT SUPPORT BY 20<sup>th</sup> May 2024

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event:		Date:	
Student Name:			
MEDICAL / EMERGENCY CONTACT INFORMATION			
PRIMARY EMERGENCY CONTACT DETAILS		ALTERNATIVE EMERGENCY CONTACT DETAILS	
Name of contact:		Name of contact:	
Contact telephone number:		Contact telephone number:	
Relationship to student:		Relationship to student:	
STUDENT'S MEDICAL INFORMATION			
Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip			
Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	YES / NO
If the answer to any of these questions is YES, please give details:			
TRIP PAYMENT - All trip payments are to be made using WisePay			
I have paid using WisePay and my reference number is .....			
CONSENT DECLARATION			
I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.			YES / NO
I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip.			YES / NO
I give consent for my child to be photographed during the event and for these photographs to be used in school media.			YES / NO
Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.			YES / NO
Signed:		Print Name:	Date: