



Headteacher: Mrs L Ayling BA (Hons) NPQH

December 2017

Dear Parent/Carer

**University of Liverpool STEM Trip
Wednesday 10 January 2018**

I am delighted to inform you of an exciting opportunity for your daughter. On **Wednesday 10 January 2018** we will be taking a group of students to the Year 9 STEM day at the Faculty of Science and Engineering at the University of Liverpool.

Students will leave school at **8.30am** and travel to Liverpool by train. We will spend the day taking part in various STEM workshops and then return to school by **15.45pm**.

Students must wear full school uniform. Long hair should be tied back. Please note that we have been informed that bags and coats cannot be taken into the labs, however, there are lockers available on each floor.

The overall cost of the trip is **£9.00** and this includes cost of travel, entrance and participation in various workshops. Please note lunch is not provided and your daughter will need to bring a packed lunch on the day. If you are in receipt of free school meals lunch will be provided. Please indicate on the attached reply slip. If your daughter would like to take part, we require a **signed consent form returned and payment to be made to the school no later than Tuesday 9 January**. Payment can be paid either in person at our finance office between **8.30am – 9.00am** each morning or by our online payment facility, ParentMail.

As with all school trips, staff reserve the right to refuse permission for any student to attend the trip if her behaviour is or does become, a cause for concern. We are only prepared to take those students whose behaviour is excellent.

Yours faithfully

Miss J Bullock
Teacher of Science

PARENT /CARER CONSENT FORM FOR EDUCATIONAL VISITS

Venue: Liverpool University

Date: Wednesday 10 January 2018

I agree to my daughter _____ of form _____ taking part in the above mentioned visit and having read the information sheet, agree to her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on her part.

I understand that the teacher in charge of the party will be acting *in loco parentis* and in the event of an accident I agree to my daughter receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

I understand that Prenton High School for Girls is insured in respect of its legal liabilities only and that there is no personal accident, or other cover, unless I have been advised specifically by the organiser. Accidents may therefore arise for which Prenton High School for Girls is not responsible. Parents may wish to obtain suitable insurance to cover such eventualities.

If your daughter is in receipt of free school meals, please tick this box if you require a lunch to be provided. Please indicate any dietary requirements, e.g. vegetarian/gluten intolerance _____

Signature: _____ **(Parents)**

Students Name: _____

Date: _____

Contact Telephone No: _____

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PLEASE ENSURE THAT YOUR DAUGHTER/WARD BRINGS WITH HER ANY RELEVANT MEDICAL INFORMATION AND CONTACT NUMBERS

By signing this letter, I am confirming that I have parental responsibility for the child named.