



Headteacher: Mrs L Ayling BA (Hons) NPQH

February 2018

Dear Parent/Carer

Languages Day at Liverpool University

The Languages Department at The University of Liverpool is running an outreach event on **Wednesday 14 February** for Year 9 students who will be studying a language at GCSE.

The day will feature native speakers who will deliver workshops and interactive language taster sessions in Spanish, French and Chinese.

The day is free of charge to attend but students are asked to bring a packed lunch with them. If your daughter is in receipt of free school meals, school can provide a packed lunch; please indicate on the attached reply slip if you would like this option.

The group will travel by coach, leaving school at **9.15am** and will arrive back at school for **15.30pm**.

If you would like your daughter to take part in this exciting event, please complete the attached permission slip and return to me at school by **Friday 9 February 2018**.

Yours faithfully

Ms C Craven
Year 10 - Progress Leader

PARENT/CARER CONSENT FORM FOR EDUCATIONAL VISITS

Visit to: Languages Day at Liverpool University

Dates: Wednesday 14 February 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 to any 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/Carers may wish to obtain suitable insurance to cover such eventualities.

Parent/carer sign: _____ **Print:** _____

Student's Name: _____ **Form:** _____

Date: _____

Contact Telephone No: _____

Contact Telephone No: _____

- My daughter is eligible for free school meals and would like a lunch provided; she has no dietary requirements
- My daughter is eligible for free school meals and would like a lunch provided; she has the following dietary requirements: _____

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

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