



PRENTON

High School for Girls

Making a positive difference today to achieve a better tomorrow

Hesketh Avenue, Birkenhead, Wirral CH42 6RR

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Headteacher: Mrs L Ayling BA (Hons) NPQH

March 2020

Dear Parent/Carer

UKMT Regional Final: Tuesday 10 March 2020

It is with great pleasure that we write to inform you that your child has been chosen as a member of the team to represent the school at the Regional Final of this year's UK Mathematics Trust Team Maths Challenge.

This final will take place on: **Tuesday 10 March 2020**

The venue will be: **Birkenhead School, Oxton**

The UKMT has run this Team Competition since 2003 and last year's event was very enthusiastically received by all those schools who participated in both the Regional and National Finals. The competition combines mathematical, communication and teamwork skills and offers students another way to express and develop their enjoyment of Mathematics. In order to promote this work, local media may be invited to come along and report on the day. I would be grateful if you could give permission for your child to be photographed or filmed if they are asked, or if they are captured in the background of a shot or is a member of the winning Regional Team. If you prefer for them not to be photographed, please indicate on the reply slip.

We will need to leave school at **9.30am**, returning at **15.30pm**.

We will be travelling by taxi and need your permission to transport your child to and from the venue. Please complete the two consent forms attached and return to me at school.

Yours faithfully

Mrs R Watson
Subject Leader – Maths

PARENT/CARER CONSENT FORM FOR EDUCATIONAL VISITS

REPLY SLIP

Visit to: UKMT Regional Final, Birkenhead School, Oxton

Dates: Tuesday 10 March 2020

I agree to my child _____ of Form _____ taking part in the above mentioned visit and having read the information sheet agree to their participation to any of the activities described. I acknowledge the need for obedience and responsible behaviour on their 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 child 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 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 is not responsible. Parents/Carers may wish to obtain suitable insurance to cover such eventualities.

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

Students Name: _____ **Form:** _____

Date: _____

Contact Telephone No: _____

Contact Telephone No: _____

I give permission for photographs/videos to be taken for publicising the event

I do not give permission for photographs/videos to be taken for publicising the event

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

PLEASE ENSURE THAT YOUR CHILD BRINGS WITH THEM ANY RELEVANT MEDICAL INFORMATION AND CONTACT NUMBERS

PRIVATE CAR FORM

Parental Consent Form for a Student to be Transported in Another Adult's Vehicle

There may be occasions when your child could be transported in the car of another adult associated with the school.

The conditions under which other adults agree to provide use of their car are as follows:

They:

- Confirm they are willing to use their own vehicle for transporting students on Educational Visits
- Accept responsibility for maintaining appropriate insurance cover and have checked with their insurance company that students carried voluntarily are insured.
- Have a current clean, valid driving licence.
- Shall ensure the vehicle is roadworthy in all respects.
- Shall ensure all passengers wear correctly fastened seat belts.
- Shall at no time transport a single student, other than their own child, as part of any journey (this section does not apply to any 17/18/19-year-old student transporting their peers).
- Agree to the terms and conditions outlined in this declaration and will operate within them.
- Have never been interviewed, cautioned or convicted of any offence that would render them unsuitable to work with young people.
- Shall at no time transport a student or students while they are under the influence of alcohol or drugs.

I give permission for my child _____ to be transported in the car of another adult within the requirements explained to me.

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

Date: _____

Name and address: _____

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