



7 May 25

Dear Parent/Carer/Year 12 student

We intend to take all Year 12 Students to Bristol University on **Friday 13th June**. Students will need to be at school for **6.50am** as we aim to leave at **7.00am**. We will be leaving Bristol University at **3.30pm** and hope to be back to school at roughly **6.00pm**.

Your son/daughter will be able to explore many different areas of university life and also their own subject interest. Plan your day by clicking on this link [live](#).

This will mean that they will not always be supervised by a member of Plymouth High staff however our staff will be in the vicinity of the University grounds and will be contactable by the sixth form mobile phone (07808768016) should an emergency arise. **Students need to take care when planning/booking their day as we will be leaving Bristol at 3.30pm.**

A packed lunch and/or money for refreshments is advisable which she/he will be able to eat throughout the day.

We have managed to get funding for this trip so there will be no cost to our students. I would ask that you please complete the consent form below and return to Sixth Form Student Services **Monday 9th June**.

Yours sincerely

Mr A Jenkins
Head of Sixth Form & Assistant Headteacher

Sixth Form Student Services

Bristol University Trip Friday 13th June 2025.

I give permission for my daughter/son of Form ...

to take part in this activity. I understand that she/he may not be directly supervised all the time. I understand that high standards of behaviour are expected of my child and confirm that my child will abide by the school code of conduct.

Any relevant information concerning your daughter's/son's health requiring special attention but which does not prevent her/him taking part should be noted below.

- Does your child suffer from allergies? Yes / No
- Take medication and, if so, what is the dosage required? Yes / No
- Have diabetes, asthma or epilepsy? Yes / No
- Has your child had any relevant recent illness? Yes / No
- Any additional comments? Yes / No

I would like my daughter/son to take part in the above-mentioned trip and, having read the information provided, agree to her/him taking part in the activities described.

I confirm that I have parental responsibility for the above student and give consent for them to attend this trip on the date stated.

I consent to any emergency medical treatment required by my child during the course of the visit. I confirm that my child is in good health and I consider her/him fit to participate.

Signed (Parent/Guardian):

Emergency Contact number:.....

Date.....

We obtain this data to enable us to function effectively as an education provider or for statutory reasons. For further information on how your or your child's data is used, shared, kept secure and retained please refer to our Privacy Notice which is on the school website.

If your or your child's data changes, please contact r.will@tsatrust.org.uk so it can be amended.