

14 September 2015

Dear Parent/Carer

**Sixth Form Performing Arts and Film Studies trip to the University of Brighton -
30 September 2015**

We are delighted to be able to offer your son/daughter the opportunity to take part in an event organised and run by one of our partner higher education providers, the University of Brighton, on 30 September.

The event will take place at the College of Arts and Humanities on the Falmer campus where our students will be taking part in a **TV Studio Taster Day**.

The day will comprise of two parts; the morning session will involve students working as a TV production team to create a version of the University's *Brighton Crimewatch* and the afternoon session will involve students working as a team to create their own bespoke television programme (approximately four minutes in duration).

There is no cost for the trip and students are asked to bring a packed lunch. Students eligible for free school meals should collect their packed lunch from the canteen before leaving.

Details of the trip are as follows:

Wednesday 30 September 2015

08:45 Students depart from the Academy in the minibus
09:30 Workshops commence
16:30 Return to the Academy

We should be grateful if you would kindly complete the attached reply slip and return it to Student Support by 22 September.

Yours faithfully



Mr Guy Williams
Director of Internationalism



Reply Slip



Please return to Student Support for the attention of Mr Williams by 22 September

Sixth Form Performing Arts and Film Studies trip to the University of Brighton on 30 September 2015

Student's Name : _____ **Year/Tutor:** _____

- I give permission for my son/daughter to take part in the visit to the University of Brighton as outlined in the attached letter
- I do not give permission for my son/daughter to take part in the visit to the University of Brighton

Signed: _____ **Date:** _____
Parent/Carer

Medical Information

Does your child suffer from:

Asthma, Travel Sickness, Migraine, Allergies (Penicillin or other drugs / insect bites / food / nuts etc.), Epilepsy, Diabetes, Eczema, on regular medication, past injuries which may still be relevant (please circle as appropriate).

Other (please state) _____

Should the necessity arise, in an emergency, I agree to the person in charge of the party giving consent on my behalf, and on the firm advice of a doctor, for an anaesthetic to be administered or for any other URGENT treatment to be given.

Signed: _____ Parent/Carer

Address: _____

Home Tel. No: _____

Emergency Contact. No: _____

Date: _____