



A SPECIALIST SCIENCE SCHOOL

Headteacher
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Sandhurst School

the opportunity to succeed

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5th January 2012

10A

Dear Parent

Catering Group visit to Dormy House Care Home

On Friday 2nd March 2012 the year 10 Catering group will be visiting Dormy House Care Home, Sunningdale. The purpose of the visit is to look at Housekeeping roles within the care home. Along with the previous visit to The Farnborough College Restaurant, we feel the best way to learn about Hospitality is to actually see it in action. It is then much easier to write about in the exam room, as students can write about the real life situations that they have visited.

We will leave school at 12.00am and hope to return by 3.00pm approximately. There is no cost to this visit as we can all go in the minibus.

As we are representing the school full uniform with blazers will be worn.

Please complete the attached OHA2 form and return it to the Catering and Hospitality department as soon as possible.

Yours sincerely

L Tudor

Mrs L Tudor
Technology Assistant Subject Leader

Please return to the Catering and Hospitality Department as soon as possible

Student Name:

I give permission for my son/daughter to attend the Hospitality Group visit to Dormy House Care Home, Sunningdale on Friday 2nd March 2012.

Signed: Parent/Guardian

Would you prefer to receive your letters by Email? If so, please notify the school and provide us with your Email address



Attached to this form is a letter about the visit/activity. Please complete the form and sign the statement below.

STUDENT'S NAME:	TUTOR GROUP:
DATE OF BIRTH:	
HOME ADDRESS:	
POSTCODE:	
HOME TEL. NO.:	
EMERGENCY CONTACT NO.(S):	
Does your child need to take any medication with them on the visit/activity? YES / NO If yes, please provide full details on the back of this form.	
Please give full details of any medical conditions, dietary needs or allergies that might affect your child's performance or safety on this visit/activity. Please continue on the back of this form if necessary.	
PLEASE GIVE YOUR FAMILY DOCTOR'S NAME AND ADDRESS:	
STUDENT'S NHS NUMBER:	

Please add any further information on the back of this form or on a separate sheet if necessary.

STATEMENT
<p>I acknowledge receipt of the information regarding the proposed visit/activity to</p> <p style="text-align: center;">DORMY HOUSE CARE HOME, SUNNINGDALE FRIDAY 2ND MARCH 2012</p> <p>and consent to my child, named above, participating.</p> <p>I agree to staff on the visit giving permission for my child to have any medical treatment that medical authorities deem necessary. I undertake to inform the school of any changes to my child's health prior to departure.</p> <p>I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff are obeyed without question. If my child withdraws from the visit and a replacement cannot be found, I understand that refunds will only be made to the extent to which funds have not already been committed in payment for the visit. I understand that Sandhurst School reserve the right to send a child home at parents/guardians expense in the event of unacceptable or dangerous behaviour during the visit.</p> <p>Signed: Date:</p> <p>Please indicate relationship to child:</p>