



A SPECIALIST SCIENCE SCHOOL

Headteacher
Andrew Fletcher, BA

Sandhurst School

the opportunity to succeed

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5th January 2012

Dear Parent

BRACKNELL AND WOKINGHAM COLLEGE VOCATIONAL COURSE

Your son/daughter has expressed an interest in a vocational course run at Bracknell and Wokingham College as one of his Year 10 options. Bracknell and Wokingham College would like to invite all potential college students to attend a taster/induction session at the college. The session will give students the chance to visit the college and experience the range of courses on offer. This should help students to decide whether to take their application further.

We would therefore like to take your son/daughter on Thursday 19th January leaving school at 8.45 a.m. and returning by 1.10 p.m.

Please sign and return the attached OHA2 consent form by Monday 16th January. This will also cover your son/daughter for the duration of his/her course at college if his/her application is successful.

If you have any queries or concerns please do not hesitate to contact me at the school.

Yours sincerely

Mr J Eddy
Assistant Headteacher

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.

<p>STATEMENT</p> <p>I acknowledge receipt of the information regarding the proposed visit/activity to</p> <p style="text-align: center;">BRACKNELL AND WOKINGHAM COLLEGE VOCATIONAL COURSE THURSDAY 19TH JANUARY 2012 (and for the duration of the course if successful in application)</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>
