



A SPECIALIST SCIENCE SCHOOL

Headteacher
Andrew Fletcher, BA

Sandhurst School

the opportunity to succeed

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2nd February 2011

Dear Parent/Carer

Before Christmas, I wrote a letter informing you of two exciting opportunities we are offering A-level Chemistry students this year. The first one, revision sessions at the Holt School, was very successful. All students who attended felt they were beneficial in helping them prepare for their module exams.

The second opportunity is to visit the analytical department at Reading University. This will be an invaluable activity as they will get a chance to see some very advanced analytical machines in action. The demonstrations will be given by undergraduate and postgraduate chemists who use these facilities in the daily work. This will be their only chance to see these machines first hand and the day will enrich their theoretical study of the techniques.

This topic appears on both the AS and A2 curricula so we are running a combined visit for both year groups. The visit will take place on the afternoon of **Wednesday 9th February**. We will leave school at 1.10pm, travel to Reading University by minibus and return to school by 4pm. Students will have to see teachers of any lessons they will miss, ask permission and ensure they catch up with any work.

Please indicate on the slip below that you give permission for your child to attend this visit and return together with the OHA2 form attached to Mr Bamford by **Friday 4th February 2011**.

Yours sincerely

Mr S Bamford
Assistant Headteacher

Please return to Mr Bamford by Friday 4th February 2011

Student Name:

I give permission for my child to attend the visit to Reading University on Wednesday 9th February 2011.

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:	
PLACE OF BIRTH (for UK collective Passport information only):	
WERE YOU OR YOUR PARTNER BORN IN THE UK? (for UK Collective Passport information only):	
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;">READING UNIVERSITY WEDNESDAY 9TH FEBRUARY 2011</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>I give consent for my son/daughter to be included on a British collective passport for young people.</p> <p>Signed: Date:</p> <p>Please indicate relationship to child:</p>
