

2 February 2018



Dear Parent/Carer

**Year 12 Taster Day – The University of Sussex**

We would like to invite your son/daughter to attend a taster day event which will be held at the University of Sussex on Monday 5 February. This event includes a campus tour and an insight into what happens during the first month of university.

This trip is compulsory for Year 12 students and forms part of their ASPIRE day and is also linked to their careers provision.

We will be travelling to the University of Sussex by coach. Students need to meet in W6 at 09:15 and we aim to arrive at the University of Sussex by 09:45. We will depart the University of Sussex at 14:00, and students should be back at the Academy for 14:30.

There is no cost for this trip and lunch will be provided on the day.

I should be grateful if you could please complete the reply slip attached and return it by Monday 5 February.

Yours faithfully

**Mrs Morley**  
**W6 Sixth Form and Careers Leader**



Principal: Kieran Scanlon  
**Sir Robert Woodard Academy**  
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# Reply Slip

Please return this slip to Mrs Morley by Monday 5 February 2018

## Year 12 Taster Day

Student's Name: \_\_\_\_\_ Year/Tutor: \_\_\_\_\_

- I do give permission for my son/daughter to take part in the visit to the University of Sussex on Monday 5 February 2018
- I do not give permission for my son/daughter to take part in the visit to the University of Sussex on Monday 5 February 2018

Signed: \_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

## 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: \_\_\_\_\_