

St. Bede's Catholic College

Specialist Science and Sports College
Long Cross, Lawrence Weston, Bristol, BS11 0SU

T: 0117 377 2200 E: contact@stbcc.org W: www.stbedescc.org

Principal: Mr J. G. Maher, M.A.



7th January 2019

Dear Parent/Carer,

The English department have arranged a trip for our A Level English Language students to experience a morning at Bristol Crown Court and an afternoon at BBC Bristol. This should give them an opportunity to build on their Language and Power studies, as well as gain an insight into possible career options. It will be an invaluable experience for the students as it will not only support their studies, but will hopefully inspire them to strive for a career within this sector.

Details are as follows:

Bristol Crown Court and BBC Bristol

Date: Tuesday 25th February 2020

Depart: St Bede's at **8am**

Venue: Bristol Crown Court and BBC Bristol

Return: St Bede's at approximately **3pm**

Cost: £13 per student

I am sure you will agree that this experience will be both educational and enjoyable.

Please return the attached consent form with the payment for the trip to the finance office as soon as possible and by 14th February at the latest.

Yours faithfully,

Miss L Simpson

English Teacher
St Bede's Catholic College



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A Level English trip to Bristol Crown Court and BBC

Please return this completed consent form to the finance office as soon as possible

I give consent for my child..... to attend the trip to Bristol Crown Court and BBC on Tuesday 25th February 2020. I enclose £13 to cover the cost of the trip.

(Please tick one of the following travel arrangements)

I will collect my child/ask them to get the school bus at the end of the school day from St Bede's Catholic College when the trip returns at approximately 3pm.

I give consent for my child to make their own way home when the trip returns to the college.

Please tick if you give permission

I give permission for the person in charge of this trip to authorise an anaesthetic or any other emergency medical treatment.

My child has the following medical conditions:

.....
.....

Signed:

Printed name:

Emergency contact number:

