

# St. Bede's Catholic College

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Principal: Mr R. J. King, MEd

May 2022

Dear parent/carers,

On Thursday 14<sup>th</sup> July (during enrichment week) Cardiff University are offering a University open day experience to year 12 students. A coach has been booked to take students from school to Cardiff University and back. The day will include a higher education talk delivered by the university, a campus tour and Q&A student panel session.

The trip will cost £10 per student to help cover the cost of the coach. To confirm you are happy for your child to attend, could you pay via scopay (<https://www.scopay.com/stbedecollege-bristol>) and complete the reply slip below and return, along with the attached medical consent form, no later than Thursday 7<sup>th</sup> July 2022. Funding support will be available for students who are in receipt of the Sixth Form bursary. Any student in receipt of the bursary should see Mrs Barton if they would like a place on this trip.

If you do not know your scopay login details please email [finance@stbcc.org](mailto:finance@stbcc.org).

Places on the trip will be allocated on a first come first serve basis.

The exact timings of the trip will be confirmed closer to the date.

Yours Faithfully

Mr P Brookin

Deputy Director of Sixth Form

I confirm my child \_\_\_\_\_ Tutor: \_\_\_\_\_ will be attending the Cardiff University tour on Thursday 14<sup>th</sup> July 2022.

Name : \_\_\_\_\_

Signed: \_\_\_\_\_



**Parent Consent Form**  
Cardiff University – Essential information

It is essential that parents or carers complete the information below and return the form to college prior to the visit, in the event of any unforeseen circumstances.

Name of child: ..... D.O.B: .....

Address: .....

Home Tel. Number: .....

Emergency Contact Number: .....

Mobile Tel. Number: .....

**Medical information**

Name of doctor: ..... Tel: .....

Address: .....

Date of last Tetanus injection (if known): .....

Any allergies: .....

Any special medical treatment (written instructions must be provided):.....

Relevant or significant medical/personal information: .....  
.....

**Declaration:**

- (1) I agree that my child may participate in the college trip
- (2) I agree that my child is fit to participate in the activities to be undertaken
- (3) I give permission for any medical treatment that might be necessary whilst my child is away from home.

Name of Parent:

Signature:

Date: