

# St. Bede's Catholic College

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Principal: Mr R. J. King, MEd

August 2022

Dear parent/carer

I am writing to inform you of an upcoming trip where we will be taking all Year 12 students to a conference aimed at giving them information regarding their chosen pathways following completion of their A-level studies.

On Wednesday 21<sup>st</sup> September 2022, we will be attending the UK University and Apprenticeship Search Fair at Ashton Gate. The event gives students opportunities to talk with an array of exhibitors, including Russell Group institutions and the University of Oxford. There are also a range of seminars including: UCAS personal statement, Higher and Degree Apprenticeships, Oxbridge applications, Life at University and Student Finance.

The trip will take place during the school day and students will return to St. Bede's by 1pm. The cost for the trip is £4.00, **Payment can be made through SCOPAY our online payment platform.** (Please contact the finance department if you do not have your login code, [finance@stbcc.org](mailto:finance@stbcc.org) ).

Could I ask you to complete the permission slip below and the attached medical consent form and return to college as soon as possible, no later than Monday 12<sup>th</sup> September 2022.

If you have any further questions, please do not hesitate to contact the sixth form on 01173 533057 or at [sixthform@stbcc.org](mailto:sixthform@stbcc.org).

Yours faithfully,

Lucy Kirkbright  
Assistant Principal  
Director of Sixth Form

Nick Sutton  
Assistant Principal  
Director of Sixth Form

I confirm my son / daughter \_\_\_\_\_ Tutor: \_\_\_\_\_ will be:

- Attending the UK University and Apprenticeship Search Fair.
- Cannot attend the trip. Reason: \_\_\_\_\_

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

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



## PARENT CONSENT FORM

### Visits out of College – Essential Information

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

Name of Child.....Date of Birth .....

Address.....

Home Tel.No.....Emergency Contact No.....

#### Medical Information:

Name of Doctor.....Telephone No.....

Address.....

Medical Card No. (If known).....Date of last Tetanus Injection.....

Any Allergies.....

Any Special Medical Treatment (*written medical instructions must be provided if your child needs medication*)

Any Significant Medical/Personal Information.....

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#### 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 dental or medical treatment which may be necessary whilst my child is away from home

Name of Parent (*Please Print*)..... (Mr/Mrs/Ms/Miss)

Signature.....Date.....