



St Mark's West Essex Catholic School

an Academy Trust School

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Headteacher Miss E Heaphy BSc MA PGCE NPQH

Dear Parent / Carer

A-level Chemistry Lecture

In order to enrich the learning experience of A-level Chemistry, we have arranged a trip to a lecture entitled 'It's a Gas' to be held in the Chemistry department at Cambridge University from 7pm - 8pm on Monday 19th March.

The total cost will be **£6.50**, which includes the cost of return minibus travel to Cambridge.

We will leave school at 4:15 pm and return by 9:30pm.

Pupils may wish to bring some money for snacks. Any valuables brought by your son/daughter on the day will be at their own risk.

If your child would like to go, you can pay by **Parentmail PMX**; if you do so, please return the reply slip electronically by **Friday 9th March**. Alternatively, please return payment by cheque, in an envelope marked with your **child's name, form group, 'Cambridge Chemistry Trip'** on the front, to the drop box in reception by **Friday 9th March**. Cheques should be made payable to St Mark's School and the **attached consent form** should be included in the envelope.

There are 15 places on the trip and these will be allocated on a 'first come first served' basis. Please note, once tickets/places have been booked, we are unable to refund payments.

I would ask you that you have a discussion with your child before agreeing to fund this trip. The school reserves the right to withdraw trip places, without refund, if a pupil's conduct falls short of the school's expectation and the levels of trust required for safety whilst out of school.

If you have any questions, please contact me at the school.

Yours faithfully

Mrs D Morrison

Chemistry Teacher and Key Stage 5 Coordinator, Science



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**PARENTAL CONSENT FORM/MEDICAL FORM FOR THE
CHEMISTRY TRIP TO CAMBRIDGE UNIVERSITY ON MONDAY
19TH MARCH 2018**

Pupil's Name: _____

Form: _____

I give permission for my child to go on the: Chemistry A-level lecture to Cambridge

I have spoken to him / her about the need to behave responsibly at all times.

I have paid via **PARENTMAIL PMX**

I enclose **£ 6.50** cheques made payable to **St Mark's School**

I understand this is non-refundable

I confirm that I will make the necessary arrangements for my child's safe journey home / to collect my child promptly at the end of the trip

Please write trip name, pupil's name and form on the front of the payment envelope and on the reverse of any cheques.

Signed: _____ (Parent / Guardian)

Date: _____

Medical information: (Please give details of any medical condition, allergies or medication taken)

Any known medical condition?: _____

Any special dietary requirements or food allergies?: _____

Please state type of pain relief / flu relief medication your child may be given if necessary: _____

Any medication allergies?: _____

I agree to provide any medication that my child is required to take on a regular basis, including asthma and allergy medications. I agree to my child receiving medication as instructed, and any emergency medical/dental/surgical treatment, as considered necessary by the medical authorities present.

Home Telephone Number: _____

Mobile Telephone Number(s): 1. _____ 2. _____

Contact Name(s)/Relationship: 1. _____ 2. _____

Any other contact information: _____

Parent/Guardian signature: _____ Relationship to Child: _____

Please print name: _____ Date: _____