

Chase Terrace Academy
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15 April 2024

Dear Parent/Carer,

University College Oxford Taster – Wednesday 8 May 2024

It is our aim at Chase Terrace Academy to enable all pupils to succeed and thrive. We propose to arrange a visit to University College Oxford. We will leave school via school minibus at 7.30am and will return at approximately 5.30pm (traffic dependent) and would be delighted if your child could take part.

There is no charge for this trip. We will be visiting University College Oxford where pupils will be given tours, talks, meet Oxford undergraduate students and be provided with refreshments and lunch.

To secure your child's place, inform us of necessary information and provide consent, please complete the attached form and return to Mr Giles – Head of Sixth Form by 26 April 2024.

Participants attending this visit will need to have a record of good behaviour and attendance and demonstrate that they can obey safety and other rules. Anyone whose behaviour becomes unacceptable after the trip has been booked may be excluded or required to return home early and any expenses incurred, which cannot be recovered, will be the responsibility of parents/carers.

All educational visits are covered by the school's insurance. Your child will be expected to be responsible enough to wear any seatbelt provided until informed that it may be released.

If you should have any questions related to this event, please contact Mr Giles via email r.giles@chaseterraceacademy.co.uk.

Yours faithfully

Mr R. Giles Trip Leader

PARENTAL CONSENT

Forms should be returned to Mr Giles – Head of Sixth Form by 26 April 2024.
Trip: University College Oxford (taster)
Date: Wednesday 8 May 2024
I wish to confirm a place for my child
tutor Group to take part in the University College Oxford (taster) trip.
Medical/dietary details - My child has the following medical or dietary needs
 Insurance. I understand all bona fide educational visits by Chase Terrace Academy are covered by Risk Protection Insurance, as are all in-school activities. This visit is considered to have only normal every day risks and no further insurance has been provided.
2. Transport. I understand the transport arrangements for this visit and my child understands the need to wear a seatbelt.
3. Financial. I understand there is no cost to this visit.
I agree to my child attending the event detailed above
Name:
Signed:
(Person with Parental Responsibility)
Date
Photographs/Social Media . I give consent for photographs and film to be taken and used in school or education service promotional information, school website, Facebook and Twitter.
Yes No (please circle)
Name of emergency contact during visit:
Telephone number of emergency contact:

Please return this slip by Mr Giles – Head of Sixth Form by 26 April 2024.