



Ibstock Community College

Together, to learn, to grow

Ibstock Community College Ltd.
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PRINCIPAL: David Phillips

VICE PRINCIPAL: Lee Sheldon

BUSINESS MANAGER: Caroline Smithers

16 May 2017

Dear Parent / Carer

Year 5 Taster Day – Wednesday 5 July 2017 – 10:00 to 14:00

Your child is invited to attend a taster day at Ibstock Community College on Wednesday 6 July. Our previous taster days have been very successful; the children have found the day to be extremely exciting and have enjoyed being involved in the various activities.

All year 5 children from our partner primary schools (10 in total) are invited and will take part in a carousel of activities consisting of three to four sessions. These will include drama, mathematics, languages, orienteering and sports.

There will be a short morning break plus a lunch break where all food and drink will be provided. Transport to and from the primary schools will also be provided by Ibstock Community College. Pupils should wear their primary school uniform.

If you would like your child to take part in the taster day, please complete the attached parental consent form and return it your primary school no later than Monday 5 June 2017.

We look forward to hearing from you and we are confident your child will have an exciting and fulfilling day.

Yours faithfully

Sophie Williams
Assistant Principal

Marianne Clements
Progress Leader



Parental consent form for off-site activity



Please complete and return this form to your child's primary school by Monday 5 June 2017.

Year 5 taster day at Ibstock Community College

Wednesday 5 July 2017

Name of child: Date of birth:

Primary school:

- I agree to my child taking part in the visit mentioned above and agree to his / her participation in the activities described in the letter to parents. I declare my child to be in good health and physically able to participate in the activities during the day. I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the taster day.
- I understand that the visit is insured in respect of legal liabilities but that my child has no personal accident cover unless I have been specifically advised of this in writing by the school

I may be contacted in an emergency by telephoning the following numbers:

Name:	Home number:
Relationship to child:	Mobile number:
	Work number
Name:	Home number:
Relationship to child:	Mobile number:
	Work number

Are there any medical issues that we need to be aware of (e.g. medication, access arrangements, illness, treatment, health problems, dietary needs or allergies) that we need to take into account during the visit?

No Yes

Any additional comments / details:

In the event of an emergency do you give consent to:

Anaesthetics	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood transfusion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Appropriate medical intervention	Yes <input type="checkbox"/> No <input type="checkbox"/>

As the legal guardian or parent/carer with parental responsibility I give consent for my son/daughter to take part in the visit and I have read and understood the responsibilities as detailed in the letter.

Signed: Date:

Name of parent with parental responsibility: