

THE BURTON BOROUGH SCHOOL

A Specialist Arts College



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21st September 2009

Dear Parents/Carers,

The History Department has arranged for students in 9JBO, 9KA, 9MM and 9JL to visit the National Cold War Exhibition and the RAF Museum at Cosford on Tuesday 6th October 2009. Two classes will visit the Museum in the morning and two in the afternoon. When they are in school the classes will be involved in making models of trenches as part of their investigation into World War I.

Pupils will be able to eat lunch in school but are recommended to bring a packed lunch due to the timings of the day. All pupils should **wear old clothing** or at least **bring an old shirt** to wear to protect their clothes during the model making activity.

Entry to the museum is free, but it is necessary to cover transport to and from the Museum making the total cost per pupil **£4.00**. Under the requirements of the Education Reform Act 1988 we can only raise the cost of the visit by voluntary contributions. There is no obligation to contribute and children will not be treated differently according to whether or not any contribution has been made. However, the visit can only go ahead if the level of support is sufficient.

Please complete all relevant details and return forms and money in an envelope clearly labelled **COSFORD VISIT** and your **son/daughter's name** and **history teacher** by Wednesday 1st October at the latest.

Yours faithfully

Mrs. Hook

Hilary Hook
HLA Humanities

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Please complete and return - Y9 History visit to RAF Cosford

Name of pupil: **Form:**

I would like my son/daughter to participate in the above visit to Cosford on Tuesday 6th October.

I enclose **£4.00** to cover transport

Signed: **Parent/Guardian** **Date:**

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SCHOOL VISITS - PARENTAL CONSENT

Visit to: RAF Cosford **Date:** Tuesday 6th October 2009

Leave school: 9.30am or 12.45pm **Arrive back:** 12.15 pm or 3.30pm

Teachers in charge: Mrs. Hook
Mrs. C Coicheci

Having given consent to my son/daughter

Name **Form**

taking part in the activity arranged by the school as stated above, I confirm that:

- * my child does not suffer from any condition requiring regular treatment
- * my child suffers from
requiring regular treatment as described in the letter attached.

(* Please delete as appropriate)

I also consent to medical or such surgical treatment deemed necessary by a qualified practitioner or to first aid being administered in the case of my son/daughter if an emergency should occur at a time when my consent to the particular treatment cannot otherwise be reasonably obtained.

Telephone Number for contact in the event of an emergency:

Home Tel. No. Emergency Tel No

Signed Date
Parent/Guardian

Doctor's Tel. No.

This form to be completed and returned to school as soon as possible.