

Principal: Mrs Ruth CravenEmail: mail@copleyacademy.org.ukWeb: copley.greatacademies.co.uk

16 January 2023

Dear Parent/Carer,

Re: Hull University

I am delighted to announce the opportunity to take Year 9 students to Hull University on Thursday 2nd February 2023. The visit will give the students the opportunity to gain an invaluable insight into university life. They will be taken on a guided tour, attend taster sessions as well as a number of other activities throughout the day.

The visit is free of charge. Students will need to bring a packed lunch, and any snacks and drinks for the day. If your child has a free school meal a lunch will be provided, please record this on the attached medical form. Students should not bring any fizzy drinks or sweets.

Students may bring personal technology, such as mobile phones, but the Academy does not take responsibility for any lost or damaged items; these are solely the responsibility of the student. Any technology should only be used at appropriate times.

Students will need to arrive at school for 8.30am for a prompt start. We will arrive back at school at approximately 5.30pm.

If you would like your child to attend, please could you return the reply slip and medical form below to your child's Form Tutor or Mrs Ross at school by Monday 23rd January 2023.

If you need any more information, please do not hesitate to contact me.

Copley Academy reserves the right to remove any student from the visit at any point and expects all behaviour policies to be observed on the day of the trip.

Yours faithfully,

Mrs P Ross
Associate Assistant Principal

**PLEASE RETURN THE ATTACHED REPLY SLIP AND MEDICAL FORM TO YOUR FORM TUTOR OR MRS ROSS BY
MONDAY 23RD JANUARY 2023**

RE: Visit to Hull University – Thursday 2nd February 2023

REPLY SLIP

Name of Student: _____ Form Group: _____

I give permission for my son/daughter to attend Hull University on Thursday 2nd February 2023. I have completed the medical form overleaf.

Parent/Carer Signature: _____ Date: _____

Parent/Carer Name: _____

Copley Academy Medical Form



First Name		Surname		Form			
Place being visited		Date of Visit		Date of Birth	D-	M-	Y-

Emergency Contact Number 1-

Name:

Relationship to student:

Contact Number:

Emergency Contact Number 2-

Name:

Relationship to student:

Contact Number:

Contact Name and Number of GP

Please list any known medical conditions, allergies, dietary requirements and relevant medication, including dosage instructions.

Does your child require a Free School Meal for the Visit?

I give permission for my child to attend the visit and have recorded all known medical and dietary requirements.

Signature of Parent/Carer

Date: