



**Arnold Hill
Academy**

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www.arnoldhillacademy.co.uk

Be inspired and achieve together

10 July 2017

Dear Parent

RE - English Language visit to Nottingham Trent University

We are very privileged to have been invited to the Linguistics Department of Nottingham Trent University by Dr Natalie Braber. We will be working with the PHD students and exploring their research as well as sampling University life with the outreach team.

There will be no cost other than the return tram fare to Clifton and a packed lunch. The trip will take place on 19th September 2017; we need to be at the University for 10.00am so we should meet at the Forest tram stop no later than 9.00am. The day should end at about 3 pm and we should be back at the Forest by 4.00pm.

This should be a really valuable opportunity for students to see how research methodology is applied and to gather ideas for their own investigations. It will also be a friendly and enjoyable opportunity to experience University research and life at a time when applications are being made.

I hope you can encourage your son/daughter to make full use of this opportunity.

Yours faithfully,

Sarah Marshall
Head of KS5 English

Arnold Hill Academy is part of the Trent Academies Group.

The registered office is Trent Academies Group, Rushcliffe School, Boundary Road, West Bridgford, Nottingham NG2 7BW

The company's registered number is 8128513



CONFIDENTIAL PARENTAL CONSENT FORM

Name: _____ Tutor group: _____

Consent for participation in the visit to: Nottingham Trent University on: Tuesday 19th September 2017

Planned transport arrangements: Tram to and from University (Students will need to bring money for this)

Visit Leader: Sarah Marshall

MEDICAL INFORMATION

Has been checked by parent on Parent View

CONTACT DETAILS

Have been checked by parent on Parent View

If you have any problems accessing Parent View please email SLG@arnoldhillacademy.co.uk

TEMPORARY MEDICAL INFORMATION (applicable only during this trip) AND/OR ANY DIETARY INFORMATION NOT LISTED ON PARENT VIEW

CONTACT DETAILS TO BE USED FOR THIS TRIP

Name _____

Telephone No _____

Name _____

Telephone No _____

If your son/daughter's medical condition and/or contact details change prior to this trip, please notify the Visit Leader. If it is a permanent change then please update Parent View.

I **agree** to my son/daughter taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that in emergency it may be necessary for pupils to be transported in staff vehicles. I **agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I **understand** that all monies paid may be non-refundable should my son/daughter withdraw from this trip.

Signature of Parent

Signed: _____ Date : _____

Please return this form to PSU (Pupil Support Unit), B Block FAO DEB CAMPION, TRIPS by Friday 8th September 2017