



# Haygrove School

Durleigh Road, Bridgwater, Somerset TA6 7HW  
Tel: 01278 455531 Fax: 01278 427972  
[www.haygroveschool.co.uk](http://www.haygroveschool.co.uk)  
Headteacher – Mrs K Canham, BA (Hons), MA



20 September 2017

Dear Parent/Carer

## BRIDGWATER COLLEGE TASTER DAY

As part of the Careers Education Programme for Year Eleven students, a visit has been arranged to Bridgwater College on **Thursday 16 November 2017** from 9.30am – 2.00pm.

The visit has been arranged to give students an initial glimpse of what life will be like at Bridgwater College and Further Education in general. Your child will participate in activities and lessons organised by College staff. There is no cost involved.

Students need to arrive promptly to registration as we will leave Haygrove at 08.45am travelling by coach and return by 3.00 pm. Students should wear their normal school uniform. Haygrove staff will accompany the students throughout the visit.

Students will be asked to make some choices from a range of subjects and to apply online using this link: <http://www.bridgwater.ac.uk/college-information.php?category=87&page=238> in order to help with the planning of the day. They will be fully briefed on the visit and we hope that it will prove to be a worthwhile activity and help them in the decision making process for post-16 study.

If you wish your son/daughter to participate in this visit, please sign and return the consent slip below by Monday 2 October 2017.

Yours sincerely

M Plece  
Head of Careers

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### HAYGROVE SCHOOL : BRIDGWATER COLLEGE VISIT – THURSDAY 16 NOVEMBER 2017

Please return to Student Services by Monday 2 October 2017.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tutor Group \_\_\_\_\_

Home Address \_\_\_\_\_

Emergency Contact Telephone Number \_\_\_\_\_

Any Medical Information \_\_\_\_\_

I wish my son/daughter to be allowed to take part in the above mentioned activity/visit and, having read the information sheet, agree to his/her taking part in any or all of the activities described.

I understand that, while the establishment staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the activity/visit. All activities/visits are covered by public liability insurance and trips outside the County are usually covered by comprehensive travel insurance. Details of cover are available from the establishment on request. I have read, understood and agree to the Declaration and Explanatory Notes on the reverse of the attached letter. I am happy for named photos of my child to be released to the Press, Haygrove Newsletter and Website.

Signed \_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_

Please print name \_\_\_\_\_ Mr/Mrs/Ms/Miss



耀华国际教育学校  
Yew Wah International Education School



National Teaching School  
designated by  
  
National College for  
Teaching & Leadership

**EXPLANATORY NOTES - This form serves several important functions:**

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It advises you that the Haygrove School Academy Trust will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
3. It contains information about your child together with your consent to medical treatment if required.
4. It gives the supervising staff immediate information on how to contact you in an emergency.
5. If this form is not returned your child will NOT be able to participate in the visit.
6. If you wish to discuss the contents, please contact our Educational Visit Coordinator, Mrs C Morgan at Haygrove School.
7. Data Protection. Haygrove School Academy Trust, as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems, with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Haygrove School Academy Trust. Data collected is used for registration and monitoring purposes, and emergency contact information.

**Declaration**

Having read the information sheet, I agree to my child taking part.

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation, there will be no obligation on the school/establishment to refund any money.

I agree to my son/daughter receiving medication as I have instructed in this form and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.