

Darnhall Primary School
Sandyhill Road
WINSFORD
Cheshire
CW7 1JL



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Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.
Deputy Headteacher: Sarah Williams B.Mus, P.G.C.E, N.P.Q.M.L.
Assistant Headteacher: Natasha Mulholland B.A Hons

15th May 2019

Dear Parents/Carers

THE UNIVERSITY OF CHESTER

This year, the Winsford Education Partnership (WEP) have been given the wonderful opportunity to take part in a careers and aspirations project. All schools have worked together to create a scheme of work which encourages and supports children in considering their future education and careers choices.

As part of this project the children have been offered the opportunity to attend Chester University on **Tuesday 4th June 2019**. We will be exploring the Campus through a guided tour and will receive a talk about life at University and pathways into further education.

We will be leaving school at 9.00am and so it is extremely important that **all children arrive at school on time**. We will return to school for lunch time.

The children need to arrive at school wearing their full School uniform.

Please complete and return the attached permission slip and Form C.

Kind regards

Mrs N Mulholland and Mr H Baxendale
Year 6 Teachers

YEAR 6 VISIT TO CHESTER UNIVERSITY

Child's Name _____

I give permission for my child to attend the visit to Chester University on Tuesday 4th June.

Signed _____ Date _____



FORM 'C'

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child Class

Details of visit to: CHESTER UNIVERSITY
Date of visit: TUESDAY 4th JUNE 2019

Leaving School at: 9.00am
Arriving back at school at: Approx.1pm

I agree to my child taking part in this visit
I have read the information sheet I agree to 's
participating in the activities described.
I acknowledge the need for to behave
responsibly throughout the visit.

Medical information about your child

- a] Any conditions requiring medical treatment, including medication?
YES/NO If YES, please give brief details:
.....
- b] Please outline any food or other allergies and special dietary requirements of
your child:
.....
- c] Any recent illness or accident staff should be aware of?
.....
- d] When did your son/daughter last have a tetanus injection:
.....

Declaration

I agree to my son/daughter receiving medication as instructed 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.

Emergency contact telephone number for the day of the visit:

Name of Contact:

Work: Home

Signed..... Date.....

Full Name [capitals]

