



31 October 2017

Sample Parent
23 Sample Street
Sample Town
Samplety
S4M PL3

Email:
Enquiries@activatelearning.ac.uk
Phone: +448006126008
Website:
<http://www.activatelearning.ac.uk/>

Sample Student (Year 1, Samples) -

Trip Form

Dear Parents / Carer or Mature Student

I am writing to let you know that we are arranging an educational visit to **PLACE** on **DATE**.
This will give students the opportunity to **REASON FOR TRIP**.

For further information about **PLACE** please visit **WEBSITE ADDRESS OR LINK**.

Students attending the trip will need to be at college for **TIME** to travel by **TRANSPORT METHOD** to **PLACE**
and will return at approximately **TIME**. All students will be expected to wear their student ID card on the day.

The cost of the trip will be **COST** which will need to be paid in full by **DATE**.

Students can book a place by **BOOKING METHOD E.G. TRIP CODE, EMAILING X, RETURNING THE
CONSENT/MEDICAL QUESTIONNAIRE**.

As with all college-related activities, students are expected to follow the college code of conduct.

If you have any queries please contact me using my details below or speak to a member of the team.

Yours sincerely

NAME

TITLE

CAMPUS

EMAIL [@ActivateLearning.ac.uk](mailto:ActivateLearning.ac.uk)

01865/0118 9

GROUP MEMBERS:

Activate Apprenticeships | Activate Business School | ATG Training | Banbury and Bicester College |
Bicester Technology Studio | City of Oxford College | Reading College | The Bicester School | The Oxford
Partnership Colleges (Saudi Arabia) | UTC Oxfordshire | UTC Reading | UTC Swindon

Parental Consent (Please select one)

Please indicate whether you give consent for your child to attend this trip.

I / I agree to my *son/daughter/ward undertaking the above activity and that I / they will abide by any reasonable instruction or code of conduct given.

In case of accident or illness of my son/daughter I understand that it is my responsibility to make arrangements for their collection from **XX** if not taken by the emergency services.

Yes

No

Medical Information

Please indicate any information relating to your child's medical needs

Emergency Contact Information

Please provide information below on which we will be able to contact you during this trip.

Other Relevant Information

If you feel additional information needs to be listed, please enter it below.

If you are receiving this as a paper copy please return your signed form with your son/daughter to the Group Administration office in room **XX**.

Name:

Date:

Sign: