

13<sup>th</sup> March 2017

Ref: KSA/LEL/SteppingUp2

Dear Parent/Carer

**'Stepping Up 2' –26<sup>th</sup> April 2017**

As part of your son's/daughter's Post 16 education, we have organised for all Year 12 students to participate in the Stepping Up talks on **Wednesday 26<sup>th</sup> April 2017** at Canterbury University. This is useful for Year 12 students who are taking the next step in their education, regardless of future plans. A plan of the day is attached.

The Stepping up 2 trip is **mandatory** for all Year 12 students to attend. Students must be in school by 8.30am and will return to Wilmington Academy by 3.45pm, traffic permitting. Please make the necessary arrangements for your child to get home.

Please sign and return the consent form to Ms Elson by **Thursday 20<sup>th</sup> April 2017** at the latest.

Yours faithfully



**Miss K Sanders**  
Co-Ordinator of IBCP and Post 16 Pastoral

Partnership Development Office

Wilmington Academy  
Year 12 Visit to Canterbury campus  
Wednesday 26 April 2017

10:00	Arrival and Registration		
10:15	Introduction to the day		
10:30	Session 1	Session 2	Session 3
11:30	Student Finance Workshops (in three groups)		
12:00	Lunch		
13:00	Session 3	Session 1	Session 2
14:00	Plenary		
14:15	Depart		

# Wilmington Academy Consent Form



## CONSENT FORM FOR STUDENTS UNDER 18 YEARS ON AN OFFSITE VISIT (Please write clearly)

Wilmington Academy has arranged a trip to:

### 'Stepping Up 2'

Date: **Wednesday 26<sup>th</sup> April 2017**

Time: **8.30am**

From: **6<sup>th</sup> Form**

To: **Canterbury University**

Time: **Return approx. 3.45pm**

I agree to (full student name) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Form: \_\_\_\_\_  
taking part in this visit /trip /programme as stated above.

### **Medical information**

My son/daughter is in good physical health and I consider him/her fit to participate. **YES / NO**  
Do they have **ANY** conditions requiring medical treatment, including medication? **YES / NO**  
If **YES** please give brief details:

\_\_\_\_\_

Is your son/daughter allergic to any medication/food/nuts/bee stings, etc?

If **YES**, please give details: \_\_\_\_\_

### **Travel**

Seatbelts are provided on all Academy vehicles, **which must be worn** in the correct manner on all journeys. I understand that Wilmington Academy does NOT provide personal accident cover

### **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 qualified medical authorities present.

I hereby give Wilmington Academy and those staff who act on behalf of this organisation, the right and permission to use, reuse and/or publish photographic material/video footage of my son/daughter whilst participating in this college/youth event. All materials may be stored electronically and may be displayed on our website. I further agree that those who act on behalf of Wilmington Academy may use these materials for any promotional or educational or purposes, without limitation, reservation or compensation

**Tel. No.:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact - if different from above: \_\_\_\_\_

**Full name (Please print):** \_\_\_\_\_  
(Parent/Carer)

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_