

B I S H O P



R A M S E Y

Church of England School
Headteacher: Mr A J Wilcock MA (Cantab)

9 March 2017

Dear Parent/Carer

Hillingdon Interfaith Event – Thursday 16th March 2017

We are pleased to inform you that your son/daughter has been one of five Year 8 students selected by the RE Faculty to attend the Hillingdon Interfaith Event on Thursday 16th March 2017. The event takes place between 12.00pm and 3.00pm at Swakeleys School in Hillingdon. Students will be travelling to and from the venue in our School Minibus accompanied by a member of the teaching staff. We envisage returning to school at 3.15pm approximately where students will be dismissed.

During the afternoon there will be activities based around the theme of “Making a Difference”. Students are required to wear full school uniform and should bring with them any required medication: asthma inhalers, epipens, etc. Students will be invited to attend a buffet lunch therefore a packed lunch will not be required. Mobile phones and any other items of value can be taken but students do so at their own risk.

All students who travel as part of a group represent Bishop Ramsey School. Therefore the highest standards of behaviour and conduct are expected as a matter of course.

Please complete and return the attached form to Miss Winn by Friday 10th March 2017. Unfortunately, non-receipt of the completed form will result in your son/daughter being unable to attend.

If you have any further questions please do not hesitate to contact me hwinn2.312@lgflmail.org

Yours Sincerely

Miss H Winn
Second in Religious Education Faculty
Bishop Ramsey School



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PLEASE RETURN TO MISS H WINN IN THE RE FACULTY OFFICE BY FRIDAY 10th MARCH

Students Name: _____ Form: _____

I give permission for my son/daughter to attend the above event.

I have checked my son/daughter's medical details on Parent Portal and confirm that the details are correct and up-to-date. I agree to inform you of any changes between now and the trip.

I consent to my son/daughter being given a mild painkiller (eg. Paracetamol) if considered necessary by the Party Leader.

I give my permission for my son/daughter to receive medical treatment in an emergency situation if as parent/carer I cannot be contacted.

I understand that if my child's behaviour in school is not acceptable then he/she may be withdrawn from the trip.

Signed: _____ Name: _____

Date: _____