



March 2025

Dear Parent/Carer,

As part of the school's Enterprise programme, a visit to London has been arranged on Friday, 28th March. This visit will include a short walking tour of some of the sites of London and a visit to the Tower of London where students will have a workshop and visit the Crown Jewels.

We will be departing on train from Liverpool Lime Street. Students must be brought to **Liverpool Lime Street by 8.15am and meet staff outside WHSmith**. We will be returning to Liverpool with an estimated time of arrival of 9.20pm, and students will need collecting from Liverpool Lime Street.

This trip is **not compulsory** and your child can remain in school if they choose and will be in their lessons accordingly. Your child will **not** be required to wear uniform on the trip. Please **provide a packed lunch and snacks** for the train, and we will arrange to get a meal in London before we come home, so **money will be required for this**. Pupils who receive free school meals can order a packed lunch to take by indicating on the reply slip for the journey to London.

Under the 1996 Education Act, the College requests a **contribution of £12** if you wish your child to take part in this visit. This cost is to cover trains to and from London, as well as the underground. The visit will only take place if there are enough payments to make the trip possible otherwise the trip will be cancelled and a full refund will be made. Please indicate your agreement to pay on the reply slip. You must pay for the trip online via www.parentpay.com and this can be paid in installments if needed. If you have lost your original login details, please ask your child to visit the Finance Office to collect a new letter.

Please complete the attached permission slip and medical form and make payment on Parent Pay by Friday, 7th March and return the slip to Miss Brittles or Miss Armstrong.

Yours sincerely,

K Brittles

A Armstrong

**Miss K Brittles
Head of Enterprise**

**Miss A Armstrong
Teacher of Geography**

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Please return to Miss Brittles or Miss Armstrong

Enterprise trip to London and the Tower of London

Student name: _____ Form: _____

1. I would like my child to attend the trip to London
2. My child receives free school meals and will require a packed lunch for the train journey
3. I will collect my child at Liverpool Lime Street upon return
4. I give permission for photographs to be taken by Bosco staff

Parent/Carer signature: _____ Date: _____

Name _____



ST JOHN BOSCO ARTS COLLEGE

Telephone: 0151 330 5142

Email: enquiries@stjohnbosco.org.uk www.stjohnboscoartscollege.com

Storrington Avenue, Liverpool L11 9DQ

Headteacher: Mr Darren Gidman, BSc [Hons], NPQH



PARENTAL CONSENT FORM FOR A COLLEGE VISIT

1. Details of visit to: London trip to Tower of London

From	To:
Friday 28 th March 2025 8.15am	Friday 28 th March 2025 9.20pm

I agree to _____ [name]
Taking part in this visit and I have read the information sent by the college. I agree to
_____’s participation in the activities described. I acknowledge the need for
_____ to behave responsibly.

2. Medical information about your child

a) Any conditions requiring medical treatment including medication treatment? Yes No

If YES, please give brief details:

b) Please outline the type of pain/’flu medication your child may be given if necessary.

c) Please outline any special dietary requirements or food allergies that your child has

d) To the best of your knowledge, has your daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? If YES, please give brief details: Any conditions requiring medical treatment including medication treatment?

Yes No

e) Is your daughter allergic to any medication? If YES, please specify:

Yes No



f) When did your daughter last have a tetanus injection?

3. Declaration

I agree to my child 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. I accept that in the event of non-accidental damage being committed by my child, I could be legally held responsible.

Contact name and telephone numbers:

Work:

Home:

Home address:

Alternative emergency contact:

Name:

Telephone number:

Address:

Name of family doctor:

Telephone number:

Address:

Signed:
[parent/carer]

Date:

Print Name: