St John Bosco
ARTS COLLEGE

17th November, 2025

Dear Parent/Carer,

Your child has expressed an interest in exploring careers within Merseyside Police. To support this interest, we have arranged a visit to The British Transport Police on Friday, 21st November 2025.

Venue:
3rd Floor – Hydra Suite
Rail House
Lord Nelson Street
Liverpool, L1 1JF

We will be departing from St John Bosco Arts College by coach at 11:15am and returning by coach at approximately 3:40pm.

Students are required to wear full school uniform, and please note that this trip is free of charge.

The visit is designed to give young people an insight into the world of policing through scenario-based decision-making exercises. In addition, there will be plenary sessions focused on raising awareness of child exploitation and county lines. We believe this will be a valuable and engaging experience for your child.

This trip is free of charge. If you have any questions or concerns, please don't hesitate to contact the school.

Yours sincerely

K Brittles

Miss K Brittles
Head of PHSE & Enterprise

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Please return to Miss Brittles, Head of PSHE and Enterprise

Year 10 British Transport Police Visit

Student name: _____ Form: ____

I would like my child to attend the British Transport Police Visit ☐
I will be collecting my child upon return to school at 3:40pm ☐
I give permission for my child to make their own way home after returning to school ☐
I give permission for photographs to be taken of my child and published on the website ☐

Parent/Carer Signature: _____ Date: _____

Parent/Carer Name: _____

Ofsted Good Provider

ST JOHN BOSCO ARTS COLLEGE
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Storrington Avenue, Liverpool L11 9DQ
Headteacher: Mr Darren Gidman, BSc [Hons], NPQH

St John Bosco ARTS COLLEGE

PARENTAL CONSENT FORM FOR A COLLEGE VISIT

1. **Details of visit to: British Transport Police**

From: Friday, 21st November 2025 11:15 a.m	To: Friday, 21st November 2025 3:40 p.m

I agree to _____ [student 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 medicaltreatment 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, including vegetarian, vegan, gluten, nut allergies	
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:	