



May 2025

Dear Parent/Carer,

As part of the A Level programme of study for Geography and Biology, a visit to the Sefton Coastline has been arranged for year 12 students in both subjects. The students will be completing a variety of tasks at Formby and Southport to meet the requirements for their relevant courses. The trip will take place over two days. The Formby visit will take place on Thursday 19<sup>th</sup> June 2025, and the Southport visit will take place on Friday, 27<sup>th</sup> June 2025.

Both trips will depart from Liverpool Central train station. Students will be required to meet staff at the station at 8.30am and will travel to the visit locations. On both days, they will arrive back at Liverpool Central at approximately 3.15pm.

Students are not expected to wear uniform, but are expected to dress sensibly (i.e. warm clothes, waterproofs and suitable footwear). More information will be provided nearer the time. They must bring a packed lunch with them on the day. If your child is entitled to a free school meal, lunch can be provided and we ask that you indicate your request for a free school meal on the reply slip below.

Students will be required to buy their own "Day Saver" ticket on the day from Central Station. The cost of this ticket is £3.20 each day. Please indicate your agreement for payment of the train ticket on the reply slip below. Parents who are eligible for a reduction according to the school's Charging and Remissions Policy or receive free school meals should apply in writing to the organizer of the visit or head teacher for support.

Please complete the attached reply slip and medical form and return to Miss Armstrong (Geography) or Miss McNeill (Biology) by Monday 16<sup>th</sup> June 2025.

Yours sincerely,

*A Armstrong*

**Miss A Armstrong  
Head of Geography**

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Please return to Miss Armstrong (Geography) or Miss McNeill (Biology)  
A Level Sefton Coastline Trip, Thursday 19<sup>th</sup> June 2025 and Friday 27<sup>th</sup> June 2025

Student name: \_\_\_\_\_ Form: \_\_\_\_\_

1. I would like my child to attend the Sefton Coast visit
2. I give permission for my child to make their own way home from Liverpool Central
3. My child will require a free school meal
4. I agree to pay for a day saver ticket for the train
5. I give permission for photographs to be taken of my child

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name \_\_\_\_\_



**ST JOHN BOSCO ARTS COLLEGE**

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Storrington Avenue, Liverpool L11 9DQ

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



## PARENTAL CONSENT FORM FOR A COLLEGE VISIT

### 1. Details of visit to: Sefton Coastline

From	To:
Thursday 19 <sup>th</sup> June, Friday 27 <sup>th</sup> June	Thursday 19 <sup>th</sup> June, Friday 27 <sup>th</sup> June

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: