



October 2025

Dear Parent/Carer,

As part of your child's Geography GCSE course, they must carry out two, **compulsory**, fieldwork trips in the local area. The department has arranged for Year 10 to visit various locations around Liverpool in order to carry out primary data collection. The write up for this visit will be examined in Paper 3 of their terminal exams, which is worth 30% of their final grade. The visit will take place on Friday, 14th November 2025 and is **compulsory for all GCSE Geography students**.

On the day, we will be using the public number 14 bus. We will be departing at 9am, and will return to school for 2.30pm. Students who have a bus pass will be able to use this on the day. Those who do not have a bus pass will be required to purchase a My Ticket on the day which costs £2.20. Students will require the correct change or a bank card to purchase this ticket. If there are any questions regarding this, please do raise this with me at school.

Your child will not be required to wear their uniform for the trip, but as we will be outside for the duration of the visit, they should dress appropriately for all weather eventualities. Please provide a packed lunch or money for your child to buy lunch on the day. Pupils who receive free school meals can order a packed lunch to take by indicating on the reply slip.

Please complete the attached permission slip by Friday, 24th October at the latest, and return it to your child's Geography teacher. If you have any questions, please do not hesitate to contact me at school.

Yours sincerely,

A. Armstrong

Miss A. Armstrong
Head of Geography

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Please return to your child's Geography teacher
Year 10 compulsory fieldwork to Liverpool, 14th November 2025

Student name: _____ Form: _____

- | | |
|---|--------------------------|
| 1. I give permission for my child to attend the Liverpool fieldwork | <input type="checkbox"/> |
| 2. I agree to pay for the public bus into Liverpool on the day | <input type="checkbox"/> |
| 3. My child will require a free school meal | <input type="checkbox"/> |

Any medical conditions: _____

Parent/Carer signature: _____ Date: _____

Name _____



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