



St John Bosco  
ARTS COLLEGE

1<sup>st</sup> December 2025

Dear Parent/Carer,

Your child has been selected to take part in an educational visit to the University of Liverpool on Tuesday 9th December.

Students will travel by coach, departing from St John Bosco Arts College at 9:15am, and will visit the University of Liverpool campus at 160 Mount Pleasant, L3 5TR. Throughout the day, pupils will enjoy a welcome talk, take part in a coding workshop, and take a guided tour of the university campus. The aim of this trip is to inspire students to consider higher education as a future pathway.

We expect to return to school by approximately 2:40pm, in time for the usual 2:55pm finish.

Students are required to wear full school uniform. There is no cost for this trip. Please ensure your child brings a packed lunch and a snack for break time. If your child is entitled to free school meals, a packed lunch will be provided.

Please complete and return the attached permission slip if you would like your child to attend.

Thank you for your continued support.

Yours sincerely

*K Brittles*

**Miss K Brittles**  
**Head of Enterprise**

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Please return to Miss Brittles

Year 8 visit to University of Liverpool

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

1. I would like my child to attend the trip to University of Liverpool
2. My child receives free school meals and will require a packed lunch
3. I give permission for photographs to be taken of my child and published on the website

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

Name \_\_\_\_\_



**ST JOHN BOSCO ARTS COLLEGE**

Telephone: 0151 330 5142

Email: [enquiries@stjohnbosco.org.uk](mailto:enquiries@stjohnbosco.org.uk) [www.stjohnboscoartscollege.com](http://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: University of Liverpool

From: Tuesday, 9<sup>th</sup> December 2025 9:15 a.m

To: Tuesday, 9<sup>th</sup> December 2025 2:40 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 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, including vegetarian, vegan, gluten, nut allergies

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

Yes  No

e) 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:	