

St. Thomas More Catholic Voluntary Academy, Palace Fields, Buxton, Derbyshire, SK17 6AF Headteacher: Mr D Redfern

May 2025

Dear Parents/Carers,

Year 10 Aquinas Taster Day

We are pleased to inform you that your child has been offered the opportunity to participate in a Taster Day, organised by Aquinas College, on Friday 4th July 2025. This visit forms part of our Character Curriculum and Careers provision, which aims to broaden pupils' horizons and support informed decision-making about their future pathways.

Please find below the key information for the day:

- Departure: 8:00am from school
- Return: 3:30pm to school
- Dress Code: Full school uniform
- Lunch: Provided by Aquinas College
- Cost: £15.00 (non-refundable), payable via ParentPay, to cover transport expenses
- Subject Choices: Pupils must select four subjects, with the option of one Careers session. Additionally, they should choose two backup subjects.
- Deadline for Choices: Please ensure that your child completes their selection before Monday 2nd June.

make choices, following link: To their please the use https://www.my.aguinas.ac.uk/MyAguinas/Y10TasterDaySubjects.aspx

As always, we have high expectations of our pupils, and staff will be ensuring the usual standards of conduct and behaviour are upheld throughout the day. Should you have any questions, please do not hesitate to get in touch.

Yours sincerely,

J Bennett Assistant Headteacher

	[In order to comply with Health & Safety Regulations we <u>must</u> receive this completed consent form by the date started the letter. NB. Your child will not be allowed on the trip if you do not comply with this request.]	
Student:	Form:	
I am willing for my son/ da	ughter to take part in the activity.	
_	r my child to behave responsibly. nable care will be taken to ensure the safety of those in the party.	
[Please circle as appropriat	medical treatment, including medication? Yes/No	
Please outline any dietary	requirements of your child	
	gic to any items including medication? Yes/No	
When did your child last ha	eve a tetanus injection?	
I will inform the Group Lea now and the commenceme	der/Headteacher as soon as possible of any changes in the medical or other circumstances betwee ent of the activity.	
	er receiving medication as instructed and any emergency dental, medical or surgical treatmen	
•	ood transfusion, as considered necessary by the medical authorities present. I understand the exter rance cover provided and have read the attached letter.	
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and limitations of the insur	rance cover provided and have read the attached letter.	
and limitations of the insur Emergency contact: Name:	rance cover provided and have read the attached letter.	
and limitations of the insur Emergency contact: Name: Mobile:	rance cover provided and have read the attached letter.	
and limitations of the insur Emergency contact: Name: Mobile: Home Address: Alternative emergency cor	rance cover provided and have read the attached letter. Home phone:	
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and limitations of the insur Emergency contact: Name: Mobile: Home Address: Alternative emergency cor Name: Name of family Doctor:	rance cover provided and have read the attached letter. Home phone: htact: Telephone number:	
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and limitations of the insur Emergency contact: Name: Mobile: Home Address: Alternative emergency cor Name: Name of family Doctor: Address: This form or a copy will be I agree to abide by the ter	Home phone: ntact: Telephone number: Telephone number:	

It is worth noting that on school trips it may be necessary to share information about your child with the venue, accommodation and transport providers for legal and safeguarding reasons. If required, we may also need to share details about your child with our insurers. As agreed already via a consent form with the school: photographs, videos and recordings may be taken of your child whilst on the trip for the use on our social media and/or display within school.

Full name (capitals)