



THE PORTSMOUTH GRAMMAR SCHOOL

Headmaster: James Priory MA

30 September 2011

Dear Parents

Year 13 Business Studies Unit 3 Revision Day – Thursday 24 November 2011

The Business Studies Department are planning to take the Upper Sixth Business Studies students on Thursday 24 November to attend a Business Studies Unit 3 Revision Day. The Revision Day will be led by 4-5 experienced teachers and examiners leading students through a series of exam-style tasks and exercises based on the case study. The purpose of this revision day is to focus on revision strategies for A2 Unit 3 which your son/daughter will sit in January 2012.

We will meet under the arch at the end of period 1 and walk to Vue Gunwharf Quays where the Revision Day is taking place. We will return to PGS by the end of the school day at 3.50pm.

The cost of the Revision Day course is £20 per student. Students should dress in school uniform for the day and ensure that they have a mobile phone with them and bring a packed lunch or money for lunch.

If there are any queries do not hesitate to contact me (r.dolan@pgs.org.uk). Please return the reply slip below together with the completed parental consent form as soon as possible.

Yours faithfully

R P Dolan
Head of Economics and Business Studies



To: Mr R P Dolan, Head of Economics & Business Studies, The Portsmouth Grammar School

Year 13 Business Studies Unit 3 Revision Day – Thursday 24 November 2011

Pupil name _____ Tutor _____

I give my permission for my son/daughter to attend the Business Studies Revision Day on 24 November 2011 and the cost to be added to my account.

Signed _____ Date _____
(Parent/Guardian)

Medical Information: Please tick Yes or No for each question and give details for each 'Yes'

Parental Consent and Information Form

This completed consent/information form must be with the Trip Leader by the date specified in the covering letter, otherwise the pupil will be unable to be included in the party.

| | | | | |
|---|--|-----|----------------|------------------------------|
| Title of Trip: | Year 13 Business Studies Unit 3 Revision Day | | Date: | Thursday 24 November 2011 |
| Pupil Details | | | | |
| Pupil's full name: | | | Date of birth: | |
| Home address and contact address (if different): | | | | |
| In an emergency I can be contacted as follows: | Home Tel: | | Work Tel: | |
| | Mobile: | | email | |
| If not available, please contact the following person: | | | Tel: | |
| Does your child: | NO | YES | DETAILS | |
| suffer from any allergy to food, medication, fur, bee sting etc.? | | | | |
| currently receive treatment for or take any medication for or suffer from any medical condition? | | | | |
| carry an inhaler, epipen, insulin kit or other? If yes, please ensure that a second labelled inhaler, epipen etc. is given to the Trip Leader for safe keeping. | | | | |
| have any special dietary requirements? | | | | |
| suffer from vertigo (fear of heights)? | | | | |
| suffer from travel or motion sickness? | | | | |

| | | | |
|---|--|--|--|
| | | | |
| Is there any physical activity your child may not participate in? | | | |

Please Turnover

| | NO | YES | DETAILS |
|--|----|-----|---------|
| Has your child had any recent illness or injury? If yes, please give details of what and when. | | | |
| Has your child had a tetanus injection in the last 10 years? | | | |

| | | |
|--------------------------------------|----------|------|
| Contact details for doctor: Name: | Address: | Tel: |
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Please add any additional information you may consider the school should know. Please feel free to contact the Trip Leader if you would like to discuss particular needs more fully.

Please ensure that you inform the Trip Leader of any changes to this information before the start of the trip.

Conduct during the Trip

Pupils are expected to obey instructions given by the staff of any establishment visited, and activity instructors, as well as teachers. Normal school rules apply. In the very unlikely event that a pupil fails to comply, staff reserve the right to remove a pupil from a trip and make arrangements for their return home at parents' expense. In this situation no refund of trip fees would be payable.

Pupils are expected to take responsibility of all belongings, especially valuables, in accordance with arrangements specific to the trip. These are not covered by the school insurance policy.

Consent Declaration

I, being the parent/guardian of the child named at the head of this form, give consent for him/her to attend the proposed activity.

I have read and understood the expected code of conduct and agree that my son or daughter will abide by these instructions.

I realise that in some cases the activities offered have some risk involved which may be of a type not encountered during normal life and that this risk whilst small, cannot be eliminated without making the activity pointless. Portsmouth Grammar School has done its utmost to minimise and manage these risks.

I give consent for him/her to receive emergency medical treatment, including anaesthetic and/or blood transfusion, as considered necessary by any medical doctor present, should the need arise. I have informed the school of all medical conditions or treatments that he/she suffers from or requires to maintain health. I agree to inform the group leader of any change in medical condition.

I am aware that the school has a detailed policy on the safe running of educational visits, which can viewed on the school website.

Name: _____

Signature and date: _____

Relationship to child: _____

Please return the signed form to the Trip Leader