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22 January 2020

Dear Parent/Carer

On Wednesday 5th February 2020, Limehurst will be taking a group of **Year 8** students to a Chemistry Masterclass at the National Space Centre, Exploration Drive, Leicester, LE4 5NS.

This event aims to raise the aspirations of our students and to give them an insight into STEM and Chemistry. The day will include a Chemistry workshop and a tour of the National Space Centre.

We will travel to and from the event by coach. We will be leaving Limehurst at 9am and should be back in school by 3pm.

Students will need to bring a packed lunch and drink. We will organise a packed lunch and drink for those students in receipt of Free School Meals. School uniform is to be worn.

In order for your child to take part in this visit, we will need you to complete and return the attached Limehurst medical and consent form by Wednesday 29<sup>th</sup> January at the latest.

If you have any questions about the event please feel free to contact me on <a href="mailto:rpatel@limehurst.org.uk">rpatel@limehurst.org.uk</a>.

Yours sincerely

Mrs R Patel Teacher of Science







## **Consent Form**

Name of Child:		Form:	
Event:	Chemistry Masterclass		
Date:	5 <sup>th</sup> February 2020		
Leaving at:	9:00am		
Returning at:	3:00pm		
$\ \square$ I give consent for my child to attend the events as detailed above			
	responsibility for the child	Date:	
Medical Information			
•	Does your child suffer from any conditions requiring medical treatment, including medication? YES / NO – if YES then please give details.		
2) Is your child alle	Is your child allergic to any medication? YES / NO – if YES then please give details.		
3) Has your child h	ad a tetanus injection in the last five years?	YES / NO	
<u>Declaration</u>			
In the event of an emergency I agree to my child receiving any emergency medical treatment, including anaesthetic, which is considered necessary by the medical authorities present.			
In the event of an emergency I can be contacted on the following number:			
Alternatively, if I am not available please contact:			
Name:			
Tel No:			



