14th January 2020

Dear Parent/Carer,

**Oxford University – Academic Taster Sessions & Tour**

I am writing about an exciting and educational opportunity for your child to take part in a taster day at Oxford University. The taster day will include an introductory talk, academic taster sessions, a college tour and a visit to a museum. Students will enrich their knowledge and understanding of what it means to attend university and have an opportunity to ask questions about the university experience.

The taster day will take place on Monday 20th January with Mrs Smith as trip leader along with a group of 15 students from Neale Wade Academy. The coach bus will be leaving Littleport and East Cambridgeshire Academy at 7am, returning at approximately 5.45pm. The cost of the trip is free of charge.

During the day, students will follow the schedule below:

10.15am – Schools arrive

10.30am – Introductory talk

11.15am – Academic Taster Sessions (2 x 30 minutes)

12.15pm – Lunch

12.45pm – College tour & Q&A with Student Ambassadors

1.45pm – Museum visit

3.15pm – Schools depart

Students will be required to bring their own snack, lunch and drinks. They will be provided an area to eat lunch together with the group at 12.15pm.

If you would like your child to take part in this event, please complete the consent form attached giving all the required information and return the form to Front Reception by Friday 17th January. There are only 15 places available so if the form is not handed in by Friday 17th January then we will choose other students to take part.

Yours sincerely,

Mrs C Emmess

Associate Assistant Principal

Littleport and East Cambridgeshire Academy

**Oxford University Taster Day Permission Slip – Monday 20th January 2020**

**Due Date: Friday 17th January**

Child Name: …………………………………………………………………… Form: ……………

☐ I give permission for my son/daughter to attend the Oxford University Taster Day

☐ I do not give permission for my son/daughter to attend the Oxford University Taster Day

My son/daughter will be collected or make their own way home at approximately 5.45pm when we return back to Littleport and East Cambridgeshire Academy

Child’s Dietary Requirements (lunch provided): …………………………………………………………………………………….

Child’s Medical Information: ………………………………………………………………………………………………………………….

Parent/Carer Name: ………………………………………………………………………………………………………………………………

Emergency Telephone Number(s): …………………………………………………………………………….............................

Signed: …………………………………………………………………… Date: ……………………………