

B I S H O P



R A M S E Y

Church of England School
Headteacher: Mr A J Wilcock MA (Cantab)

13th March 2014

Dear Parent/Carer

Applied Business Studies Visit to Ladbrokes – Wednesday 19th March 2014

As part of AS Applied Business Studies we are pleased to offer your son/daughter the opportunity to visit Ladbrokes Head Office in Rayners Lane, London.

This trip is necessary to be able to complete the 'People in Business' Unit 2 portfolio of the applied business course and which represents one third of the AS course.

We will be leaving school at 2.15pm, walking to Ruislip Manor station and travelling by London Underground to Rayners Lane. We aim to arrive at Ladbrokes by 3.00pm. The visit will finish at 5.00pm approximately. Students will be dismissed from the venue. Please indicate your permission for your son/daughter to be able to make his/her own way home on the attached form.

There is no charge for this trip but students should bring their oyster cards in order to pay for the train journey.

Students should bring with them any required medication (asthma inhalers, epipens). Mobile phones and any other items of value can be brought but students do so at their own risk.

Naturally, we expect a high standard of behaviour from all students on school trips. The school reserves the right to exclude students from a trip if their behaviour does not meet with the standards we expect on a day to day basis in school.

Yours faithfully

Mr D Carter
Head of Business Studies



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**APPLIED BUSINESS STUDIES VISIT TO LADBROKES
WEDNESDAY 19TH MARCH 2014**

PLEASE RETURN TO MR CARTER BY FRIDAY 14TH MARCH 2014

Students Name: _____ Form: _____

I give permission for my son/daughter to attend the above trip.

I have checked my son/daughter's medical details on Parent Portal and confirm that the details are correct and up-to-date. I agree to inform you of any changes between now and the trip.

I consent to my son/daughter being given a mild painkiller (eg. Paracetamol) If considered necessary by the Party Leader.

I give my permission for my son/daughter to receive medical treatment in an emergency situation, if as parent/carer I cannot be contacted.

I give permission for my son/daughter to make his/her own way home from the venue.

Signed: _____ Name: _____
(parent/carer)

Date: _____