



Ruskin Community High School
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Ruskin Community High School

Our ref: ADMIN/TRANSITION/YEAR 5/LEIGHTON
7th June 2018

Dear Parent/ Carer

World Cup Activity Day

We are very excited to be working with Leighton Primary School who will be visiting us for our Year 5 Activity Day – World Cup on **Thursday 5th July**. They will take part in a range of exciting and enjoyable themed sessions delivered by Ruskin teaching staff. One of these activities will be PE based and students will therefore be required to bring a pair of trainers with them.

Your child should go to their primary school as normal and will be accompanied by their teachers to travel to Ruskin Community High School either walking or via coach. All students will be provided with a hot meal in our dining hall, unless they would prefer to bring along their own packed lunch (please indicate on the consent form enclosed). Students will return to Leighton by the end of the school day to be dismissed as normal.

I look forward to seeing your son/daughter on **Thursday 5th July**. You will be able to follow the day with regular updates on our Twitter account @RuskinHigh and our Facebook page. Should you have any further questions, please do not hesitate to contact us on 01270 560514.

Yours sincerely

Mrs L Simmons
Year Achievement Manager – Year 7 and Transition

HIGH STANDARDS HIGH ACHIEVERS





RUSKIN COMMUNITY HIGH SCHOOL
PARENT/CARER CONSENT FOR AN EDUCATIONAL VISIT

PLEASE RETURN THIS PERMISSION SLIP TO THE SCHOOL OFFICE BY Tuesday 26th June 2018

I give permission for my child _____

Primary school _____

to attend the Year 5 Activities Day on either the 3rd / 4th or 5th July 2017 and take part in the activities. I acknowledge the need for my child to behave responsibly throughout the visit.

(Please tick one box)

Please provide a hot meal (Please outline any food or other allergies and any special dietary requirements)

Bringing a packed lunch

Any medical conditions _____

In case of an emergency, please provide two telephone numbers we can use to contact you:

Emergency contact 1 Name _____ Number _____

Emergency contact 2 Name _____ Number _____

Photographic/Video/Social Media Consent

As part of the activities your son/daughter is involved in, Cheshire East Borough Council or the school may take photographs or video footage to use in printed publications or publicity or promotional material including the local press. In addition, photographs and write-ups giving accounts of the visit may be posted on school related social media including our website, Facebook and Twitter accounts by staff.

Signed (Parent/Carer) _____ Date: _____

Please Print Full Name (BLOCK CAPITALS): _____

Name (block capitals) _____ (Parent/Carer)

Signature _____ (Parent/Carer)

(this must be someone with parental responsibility)

Date _____