



Interim Principal: Mr D Mason I BSc (Hons), NPQH
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'SUPPORTING THE WHOLE PERSON TO BE THE BEST'

10th October 2022

Dear Parent/Guardians,

I am writing to inform you that your son/daughter is invited to attend a trip to Gloucester University on Wednesday 7th December 2022. This is an opportunity to look at future careers and pathways that the University offers along with starting to think about life at University. Students will be able to talk to University admissions staff and subject specialists, find out what life is like on and off campus, and discover what volunteer work, gap year adventures, and career opportunities are available there. We hope that all students will attend this useful trip. If students do not attend, they are expected to attend school as normal.

We will be leaving at 9am by coach from SWB Academy and returning approx. 3.30pm.

Students are able to wear their own suitable clothes but must wear their SWB6th Lanyard for safeguarding purposes while on the trip.

The outline for the day is below:

- Meet: **8.40am in PT** then meet in SWB6th at 8.50am
- **9.00 travel by Coach to Gloucester University**
- Dress: Own Clothes and SWB6th Lanyard
- Activities: Course choices, Tour, Subject Tasters, Student life
- Leave: **2.15pm, return approx. 3.30pm**
- Cost: Free
- **(You will need to bring a packed lunch and plenty to drink.)**

Yours sincerely,

A handwritten signature in black ink that reads 'J Bayley'.

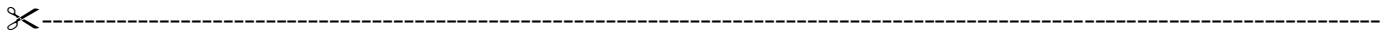
Miss J A Bayley

Associate Assistant Principal KS5

Jbayley@oswba.co.uk



Please return the below slip to Miss Walker by 21st October.



Gloucester Trip

| | | | |
|---------------------|--|-------------|--|
| Student Name | | Form | |
|---------------------|--|-------------|--|

- I consent to my child attending Gloucester trip on 7.12.22.
- I understand that my child will need collecting from the Academy at approximately 3.30pm.
- I do / do not* give consent for pictures / videos to be take of my child in accordance with Academy Policies.

| | | | |
|--------------------|--|------------------|--|
| Parent Name | | Signature | |
|--------------------|--|------------------|--|

| | |
|--|--|
| Emergency Contact Number 1 | |
| Emergency Contact Number 2 | |
| Please state any medical needs: | |