

# PRINCE HENRY'S HIGH SCHOOL

An "Outstanding" Academy for Students aged 13-18

Headteacher: Dr A A L Evans BSc(Hons), PhD



May 2025

## Visit to Cardiff University

Dear Parent(s)/Carer(s)

On **Thursday 5<sup>th</sup> June 2025**, we have the opportunity to take a group of students to the University of Cardiff. This will be a good chance for students to explore a campus university and find out about the courses on offer at this Russell Group university. There will be a number of formal talks during the day, and a tour of the university campus.

We will be departing from Prince Henry's at **7.15am** by coach and students will be reminded to wear seat belts whilst travelling. We will return to Prince Henry's at approximately **4pm**, **students will need to arrange their own transport home from Prince Henry's at this time**. Students will need to bring a packed lunch and drinks and snacks for the day.

Students do not need to wear uniform but should dress appropriately for the venue and weather. During the day, students will have unsupervised time and should remain in groups of no less than three.

The cost of this trip will be **£15.50** to cover the cost of transport, please make payment via ParentPay by **Thursday 22<sup>nd</sup> May 2025**.

Please complete the attached consent form and medical form and return the letter to **Mrs Tranter in the 6<sup>th</sup> form office by Thursday 22<sup>nd</sup> May 2025**. If you have not activated your Parentpay account or if you need any assistance then please contact the school finance team by email to [parentpay@princehenrys.worcs.sch.uk](mailto:parentpay@princehenrys.worcs.sch.uk).

Yours sincerely

**Mrs. C Webb**  
Head of Sixth Form

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Worcestershire Hills Trust trading as Prince Henry's High School, registered as a company in England and Wales at the above address. Reg No 07512962

Working in collaboration with Bredon Hill and St Egwin's Middle Schools

## EDUCATIONAL VISITS – PARENTAL CONSENT FORM

Student: .....

Form: .....

### Visit to Cardiff University

To take place on: **Thursday 5<sup>th</sup> June 2025**

To: **Cardiff**

I agree that my child may take part in the educational visit organised by the school to visit the University of Cardiff. I agree with the arrangements set out in the letter and understand that there will be time in the day when students will be unsupervised.

Signed: .....  
(Parent/Carer)

Date: .....

1. Pupils are insured against personal accident through the School's Insurers. A detailed copy of the policy outlining benefits is available on request from the School Office.
2. The Governors accept no responsibility for accidents or injury to pupils, or for loss or damage of personal effects, unless the cause is the negligence of the school or any member of its staff.
3. Parents/Carers are advised, wherever possible, to give the school a telephone number at which they can be contacted in case of emergency, in particular when urgent medical treatment may be necessary. Parents/Carers who are willing to allow urgent medical or dental treatment to be given to their children when necessary should sign below.

### Emergency Contact Number for duration of visit (preferably two)

1st) Name of Contact .....Telephone No: .....

2nd) Name of Contact .....Telephone No: .....

I agree that medical and dental treatment may be given to my child if necessary, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed: .....  
(Parent/Carer)

Date: .....

If you have any medical/dietary information which you think the Party Leader should be aware of please give details.

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