

24<sup>th</sup> January 19

Dear Parent / Carer,

**Apprenticeship Fair for Year 13**

On Friday 8<sup>th</sup> February, an Apprenticeship Fair event is being held at Maidstone Leisure Centre, Mote Park. There will be companies across a variety of sectors which will allow students to explore all areas. This has been organised by our local MP, Tracey Crouch, to identify apprenticeship opportunities.

We strongly recommend that students take advantage of engaging with outside companies and the careers on offer to enable them to discover which pathway to pursue after their A levels.

Students will come into school at the normal time of 8:40am, and will attend registration. We will then leave school at 9am to arrive at the Event Centre by 9:30am. Students will then be able to browse the interactive stands collecting information which may be of use to them in the forthcoming months. We will aim to leave the Event Centre by 12pm, to return to school in time for afternoon lessons.

The cost of this trip is £10.00. **All payments must be made via ParentPay.** The payment for this trip will be available to pay from Friday 25<sup>th</sup> January. Students should bring a packed lunch as food stands will not be provided.

**Please be aware that this trip is based on first come first serve, with a completed form and payment made.**

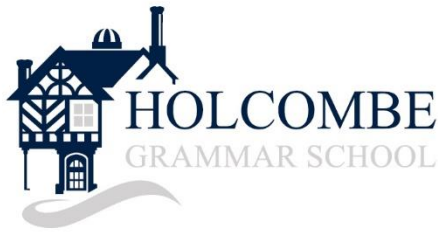
**The attached slip and payment of the trip, will need to be completed and returned to Miss Crawley by Tuesday 5<sup>th</sup> February.**

If there are any questions or queries please contact [L.Crawley@tsatrust.org.uk](mailto:L.Crawley@tsatrust.org.uk).

Yours faithfully

Mr A. Anderson

Assistant Head of School/ Head of Sixth Form



**Please return this slip to Miss Crawley on or before Tuesday 5<sup>th</sup> February.**

I would like my son / daughter \_\_\_\_\_ (name)  
\_\_\_\_\_ (form) to take part in the Apprenticeship Fair.

Dietary requirement:

My son/daughter has the following medical condition(s)/allergies (mention any medicine that your son/daughter will bring with them and how often they need to take it):

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I consent to any emergency medical treatment that may become necessary during the course of the visit, including the administration of anaesthetic. I hereby consent to my child having Paracetamol tablets if required as pain relief.

Emergency contact name: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent / Carer)

Date: \_\_\_\_\_