



Headteacher: **Mr J Grant**  
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January 2017

Dear Parent/Carer

**Year 12 trip to University of Sussex 'Schools Lab' on Wednesday 8<sup>th</sup> March 2017**

We are running a trip to the University of Sussex to visit the physics labs and undertake some experiments under the guidance of the university professors and undergraduate students. These experiments are designed to enrich and extend the physics course your child is currently studying. There will also be a talk by a research physicist on their work and a chance to have a look round the university campus.

The trip will take place on Wednesday 8<sup>th</sup> March 2017 and we will leave school during morning registration and travel by minibus to the university. The students will need to take a packed lunch with them. We will leave the university by 3.30pm and aim to be back at Sackville at approximately 4.30pm, depending on traffic. Students will need to be collected from school. Insurance for all school trips is arranged through West Sussex County Council. Full details of the policy can be found on our website at [http://www.sackville.w-sussex.sch.uk/?page\\_id=26728](http://www.sackville.w-sussex.sch.uk/?page_id=26728). **Peanuts or peanut related products are not allowed to be taken on any school visit.**

If you would like your child to attend the trip please complete the slip below and return to Mr Wilcox as soon as possible.

Yours sincerely

Mr P Wilcox  
**Leader of Physics**

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 To: Mr Wilcox - physics

**Year 12 trip to University of Sussex 'Schools Lab' on Wednesday 8<sup>th</sup> March 2017**

Name of student ..... Form .....

I would like my child to attend the Schools Lab trip at the University of Sussex on Wednesday 8<sup>th</sup> March 2017.

We will use the emergency contact details we have on our database for your child for this trip. If however, the contact details will be different for the duration of this trip, please fill in the details below.

Emergency contact telephone number .....

Emergency contact name (please print) .....

Parent/Carer (please sign) .....

Parent/Carer (please print) .....

Date .....

