10th December 2024

Dear Parent/Carer

**Durham University Visit**

I am pleased to inform you that the Academy has organised a taster day at Durham University for our Year 9 students. This is to give your son/daughter an insight into higher education and to focus on raising aspirations. The day is entitled ‘Discover Durham University’ and will increase awareness into student life at Durham and involves a campus tour, a choice of workshop(s) or presentation(s) and a student life Q&A with some current students. They will receive information about various routes they could take post 16. The day will also increase their awareness and aspirations about university.

The visit will take place on Wednesday, 15th January 2025. Students will leave school at 10am prompt and return at approximately 4.30pm. If you wish for your son/daughter to attend the visit, a voluntary contribution of £15.00 will be required for the transport. All payments must be paid via Parent Pay. If you are unable to access Parent Pay, please contact the finance department.

**All students must be in full school uniform and bring a packed lunch.**

Limited spaces do apply, therefore, seats will be allocated on a first come first served basis. (The Academy must receive your child’s permission slip and payment before being allocated a place on the visit).

I am sure you will agree that this is an excellent opportunity for your child and it would be great for them to attend. Please return the permission slip below by Wednesday, 18th December 2024.

If you have any questions, please do not hesitate to contact me at the Academy.

Yours sincerely

Rachel Robinson Emily Grierson

Assistant Principal Head of Year 9

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**Permission Slip:** Please return to: Miss Grierson or Mrs Robinson at the Academy

**Year 9 Durham University Visit**

I give permission for my child: …………………………………………………………….……………….. Tutor: ………….. to attend the Durham University visit on Wednesday, 15th January 2025.

I can confirm I will pay a voluntary contribution of £15.00 towards the transport via Parent Pay.

I confirm that medical and contact information are as currently held by the school.

Signed Parent/ Carer: …………………………………………………………………………………………. Date: ………………………………….…………