



SIR THOMAS BOTELER

CHURCH OF ENGLAND HIGH SCHOOL

THROUGH GOD, WE CARE

GRAMMAR SCHOOL ROAD 
LATCHFORD, WARRINGTON
WA4 1JL

01925 636414 

01925 417468 

INFO@BOTELER.ORG.UK 

WWW.BOTELER.ORG.UK 

/THOMASBOTELER   



Diocese of Liverpool



Diocese of Chester

AA/CO/VISITS/CRONTON/PRIESTLEYCONSENTLETTERJULY22

7th July 2022

Dear Parent/Carer,

RE: YEAR 10 VISIT TO PRIESTLEY COLLEGE

Your child has been invited to attend a subject taster day on **Thursday 14th July** at Priestley College, Loushers Lane.

This will be a fantastic opportunity for our Year 10 students to see around the college and experience some sessions in subjects of their choice. This event will have a great motivating factor as students start to prepare for their post-16 transition from high school.

They will also have the opportunity to find out about courses on offer and ask any questions about life at the college.

For the visit to **Priestley College** lunch will be provided free of charge. (We do advise that students bring a bottle of water with them). There is a coffee shop, so if students wish to purchase a drink they are able to bring a small amount of money. It is important that students go straight to college and not to school. Ms Armstrong and other staff members will meet them there at 9am. Students will be dismissed from the college at 2.20pm.

Students will need to wear school uniform on this visit, including correct footwear. There are other schools there on the day and Priestley staff need to be able to identify students by their uniform.

Please complete the attached permission reply slip and return to Form Tutors by **Wednesday 13th July** at the latest. **Please note that if we do not have the reply slip that your son/daughter will not be able to attend this event and will be expected in school and attend normal lessons.**

Yours faithfully

Mrs A Armstrong
Head of Year 10 and 11



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**SIR THOMAS BOTELER CHURCH OF ENGLAND HIGH SCHOOL
YEAR 10 VISIT TO PRIESTLEY COLLEGE**

I give permission for my child _____ Form _____
to attend the Taster day on **Thursday 14th July** at Priestley College. They will meet Sir Thomas Boteler
staff at the college and be dismissed from college at 2.20pm

Emergency Contact Name:

Emergency Contact Number:

Please inform us of any food allergies your child has:

**I give permission for my child to have their photograph taken at the College visits listed
above.**

Yes No

The following declaration is a general one and applies to all school visits.

In case of any injury/accident, I agree to my son/daughter receiving any emergency medical or surgical
treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities
present.

Signed: _____ (Parent/Carer)

Date: _____