



St Augustine's Catholic College

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HEADMASTER: DAVID FORSTER MA(Oxon) MSc NPQH

Our ref: DF/RMH/ZGB
17 May 2019

Dear Parent/Guardian

Young Voice of Trowbridge

Following The Year 8 success at the Young Voice of Trowbridge Competition in May, I am delighted to inform you that the students have been invited to present their speech at an Awards Ceremony in the Civic Hall in September.

Destination: The Civic Centre, Trowbridge
Date of trip: Thursday 19 September 2019
Arrival Time: 17:30 at The Civic Centre
Collection Time: 20:45 from The Civic Centre
Cost: Free

This is a wonderful opportunity for our students to present in front of representatives from local businesses and the council as part of the Awards Evening.

We would like students to arrive at 5:30pm to offer them an opportunity to practice at the venue before the event begins. Parents, grandparents and siblings are all welcome to come along. Doors to the Civic Centre will open at 6pm for light refreshments accompanied by Jazz musicians, and the ceremony will start at 7pm. We ask that students and guests stay for the whole evening to support the event.

A copy of your son's/daughter's medical form will be carried by the Trip Organiser on the trip. May I take this opportunity to remind you to inform the College of any changes to your son's/daughter's medical information, including contact with infectious diseases within the 7 days prior to departure, by completing a blank medical form which can be found on our website at www.st-augustines.wilts.sch.uk under 'Key Information' then 'College Documents'.

PTO

If you would like your son/daughter to take part in this event please return the permission slip to Reception by Friday 7 June. If you have any questions about the evening please do not hesitate to contact Mrs Hunt.

Yours sincerely

David Forster

David Forster
Headmaster

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To: Reception by Friday 7 June 2019 Trip Organiser: Mrs Hunt

Young Voice of Trowbridge

I give permission for my son/daughter to attend the event as detailed above.

Name of student: Form:

Consent for trip, signed: Date:

Contact telephone number: Number of Guests Attending: