Dear Parent/Carer

**Summer School Monday 22 August – Friday 26 August 2022**

As mentioned in previous correspondence, Summer School 2022 will run from Monday 22 August – 26 August 2022. This will be held on site at The Link Academy. This week will give your child the opportunity to visit the academy, become familiar with our excellent facilities, meet some of the academy staff and meet fellow learners. Summer school will begin at 9:30am and finish at 1:45pm every day of that week and is free of charge.

Summer school will have the theme of ‘The Commonwealth’ this year following on from the Commonwealth games. There will be lots of fun and educational activities provided during that week.

If you wish for your child to attend, then please respond by either returning the attached consent form AND Medical form to The Link Academy’s reception or e-mailing the completed forms to Mr Chater on the following address; [rchater@thelinkacademy.org.uk](mailto:rchater@thelinkacademy.org.uk)

Places will have to be allocated on a ‘first come, first serve’ basis and children will be expected to attend for the whole week. Please can all consent forms be returned by Thursday 7 July 2022. This provides you with opportunity to return them on your child’s induction day or during the Induction evening on the same date. Returns after this date will not be accepted.

Please continue to keep updated via the academy website and through following us on social media. Thank you in advance for your continued support and I look forward to meeting you soon.

Yours Sincerely

Mr Chater

Assistant Principal

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**FAO Mr R Chater**

**The Link Academy – Summer School 22 – 26 August 2022**

I would like my child to take part in Summer School:

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer School Consent Form:**

Dear Parent/Carer

Thank you for allowing your child to participate in The Link Academy’s Summer School. Summer school will run from 22 August to 26 August 2022 from 9:30am to 1:45pm.

You can be assured that your child will benefit both socially and academically from this extra time at The Link Academy. They will enjoy the fun and educational activities that are on offer including a taster of all the subjects they will have while in Year 7.

It is important to us at The Link Academy that all the Health and Safety aspects of Summer School are closely monitored in order for it to be an enjoyable experience for your child. Therefore, only with your written consent and agreeing the conditions of acceptance below are we able to fully process your child’s place.

Please complete all sections of the conditions of acceptance as this information is necessary for the ultimate safety of your child.

**Conditions of Acceptance**

**The Link Academy will:**

Provide all necessary equipment for the duration of Summer School.

Provide adequate staffing levels at all times for the safety of pupils during Summer School.

Provide education in line with the National Strategy for Summer School.

Undertake all necessary risk assessments, including any government guidance regarding Covid-19

Provide lunch each day for all children.

**The Parent/Carer will:**

Provide support and encouragement for full involvement in all activities during Summer School.

Uphold the discipline code in line with the Summer School staff.

Complete the Conditions of Acceptance to provide all necessary information for their child and return it by **Thursday 7 July 2022**.

**PLEASE NOTE:**

The Link Academy staff reserves the right to remove pupils from any or all activities if the Health and Safety of other pupils is compromised in any manner. In serious cases the pupil(s) may be isolated with a Senior Member of staff until parents are contacted. Such decisions are final and are solely at the discretion of Summer School Co-ordinator and the Senior Leadership Team.

Information regarding the pupil **MUST** be **FULLY COMPLETED**. All questions **MUST** be answered. Any questions which are not applicable should be marked **N/A.**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male/Female

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No. for use in emergency: a) Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Alternative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Indicate times of day if relevant)*

Does your child suffer from any condition requiring regular treatment? Y/N

If yes please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details of any medication your child takes on a regular basis. Please state DOSAGE and frequency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***RESPONSIBILITY FOR TAKING THE CORRECT MEDICATION RESTS WITH PARENTS.***

Is your child allergic or sensitive to penicillin or any other substance, which might be used in treatment? Y/N Please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

In the event of an emergency:

I agree for my child to be given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

Signed: Parent (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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