



Headteacher

Mr Gareth Croxon B.Sc, NPQH

Sandhurst School

the opportunity to succeed

Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire GU47 0SD

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4th June 2026

Dear Parent(s),

Re: Year 5 Visit to Sandhurst School – Thursday 9th July 2026

Following consultation with the local primary Headteachers I am delighted to invite your child to visit us on **Thursday 9th July 2026**. The Year 5 pupils from some of our local primary schools will spend the day with us and participate in a range of activities with different departments.

Your child should arrive at the front of Sandhurst School for **8:45am** and be collected at **2:30pm**. Students arriving earlier will be supervised in the canteen. Year 5 students should wear their normal uniform and need to bring a packed lunch and a drink and those who are eligible for free school meals will be given a packed lunch from our canteen. Students do not need to bring money. Primary and junior schools will provide us with a list of students who qualify for free school meals and we will also liaise with the schools regarding any SEN support needed.

Please complete the reply slip below and the attached OHA2 form and return to your child's school by **Friday 3rd July**. Please contact me should you have any questions regarding the visit day.

We would also like to take this opportunity to make you aware that our Open Evening has been moved to the summer term, taking place on **Tuesday 7th July** from **6:00pm** to **8:00pm**. Please use [this link](#) to book your place. Additionally, we are offering four opportunities for Year 5 parents to tour the school before the summer holidays. These will take place on **Wednesday 15th July** and **Thursday 16th July** at **9:00am** and **10:00am**. Please use this [this link](#) to book onto one of these sessions. Further tours will also be available after the summer holidays. For more information, please visit our [website](#).

Yours sincerely,

Mr J Bronkhorst
Assistant Headteacher

Name of child: Current School:

Please delete and complete as appropriate:

- My child will/will not attend morning club
- My child is/is not allowed to have photographs taken of them to be used on Sandhurst School's social media.
- My child will be collected by (name)(relationship to child)
- My child will/will not make their own way home.

Signed: Print name:

Relationship to child:



**BRACKNELL FOREST COUNCIL
CHILDREN, YOUNG PEOPLE AND LEARNING
MEDICAL AND CONSENT FORM**



IMPORTANT: This form must be completed by all adults, children & young people who are participating in the activity. For Participants under the age of 18 the form must be signed by their parent/carer. Participants over the age of 18, including adults and young people living independently should sign the form on behalf of themselves.

Establishment: (e.g. project, school, youth centre etc)
Sandhurst School, Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire, GU47 0SD
Tel: 01344-775678

Please provide the following details in respect of the PARTICIPANT:

Visit/Activity: Year 5 visit to Sandhurst School **Date/s:** 9th July 2026

Full Name: Date of Birth:

Home address including post code:

Mobile Phone Number (if applicable): Date of last Tetanus Injection:

Participant's Doctor's contact details: NHS number:

Doctor's Name:

Address including post code:

Telephone:

Please give details of any medical conditions and relevant medications e.g. diabetes, epilepsy, allergies etc:

Please give details of any Special Educational Needs and Disabilities:

Special Dietary Requirements:

Please provide further information on separate sheets as necessary

CONT'D OVERLEAF



Please provide the following details in respect of the NEXT OF KIN:

Full Name: Telephone (including STD code):
Relationship to Participant Home:
(e.g. mother): Work:
How should they be contacted in an emergency? Mobile:
Home address:

Declaration of Consent

I acknowledge receipt of and understand the information about the proposed visit/activity. I undertake to inform the Group Leader of any changes in the fitness of the Participant prior to departure.

- 1. I consent to the above named Participant taking part in the activity/visit.**
- 2. I agree / do not agree (please delete as appropriate) that the staff on the activity can give permission for the Participant to have any medical treatment that medical authorities think necessary, including anaesthetic and blood transfusion. If agreement is not given the signatory/next of kin must undertake to be contactable at all times in the event of an emergency so that any responsibility for decisions affecting the participant can be made by the signatory/next of kin.**

Signed: **Date:**

Relationship to the Participant:

The information you have provided will be recorded on the Council's database that will only be used in the event of an emergency by the Council, the Offsite Visits Advisor and the Establishment. No information held on this database will be disclosed to outside organisations or third parties without your written consent, unless there is a legal requirement to do so.

To be completed by the PARTICIPANT if applicable:

I understand that for the safety of all participants in the group, I will agree to obey the rules and instructions of members of staff.

Signature of Participant: **Date:**.....

