

St Edmund's Catholic Academy

To Love and Serve the Lord

Tel: 01902 558888 / Email: enquiries@stedmunds.org

Principal: Mrs M Hazeldine



Compton Park
Compton Road West
Wolverhampton
WV3 9DU

12th September 2018

Chaplaincy Commissioning Mass St Chad's Cathedral, Birmingham. Thursday 20th September 2018

Dear Parent/Carer,

Your child has been chosen to participate in the Commissioning of Lay Chaplains and Young People annual event at St Chad's Cathedral, Birmingham. This is an opportunity to give thanks for the Chaplaincy work your child undertakes in and out of St Edmund's Catholic Academy for which I would like to extend my sincere gratitude for all their hard work and your continued support.

The Academy has arranged for the minibus to and from St Chad's. We will depart at 8.45am and return approximately 1.00pm, in time for lunch. All pupils and students are expected to be in full uniform and to bring any medication your they may need

If you would like your son/daughter to attend, please complete the attached Consent Form and return by **Monday 17th September 2018.**

Yours sincerely

A handwritten signature in black ink, appearing to read 'D Ferris'.

Mrs D Ferris
Lay Chaplain



/stedmundscatholicacademy



@stedmunds

Archdiocese of Birmingham

Bishop Cleary Catholic Multi Academy Company

part of Bishop Cleary Multi Academy Company, a company limited by guarantee
registered in England and Wales (company number 085784228)



To be returned to Student Support Office, St Edmund's Catholic Academy by **Monday 17th September 2018**
(#DF)

Consent Form

**Chaplaincy Commissioning Mass St Chad's Cathedral, Birmingham.
Thursday 20th September 2018**

Student's Name:

Tutor:

• I would like my child to take part in the **Chaplaincy Commissioning Mass St Chad's Cathedral Thursday 20th September 2018**

• I consent to the administration of emergency medical treatment should it be deemed necessary by the staff accompanying the visit.

• Details of any medical problems/medication being taken

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Please notify school at a later date if this should change before date of Visit.

• Emergency Contact Number.....

Please notify school at a later date if this should change before date of Visit.

• Dietary Requirements.....

Please notify school at a later date if this should change before date of Visit.

Signed..... Parent/Guardian Date.....

