

Church Road | Plymstock | Plymouth
Devon | PL9 9AZ
Telephone | 01752 402679
Fax | 01752 484018
Email | info@plymstockschool.org.uk
Website | www.plymstockschool.org.uk

24 March 2017

Dear Parents and Carers

Easter Break - School opening for Year 11

As the examination season looms ever closer, I am writing to let you know of a strategy that we are planning to put in place over the Easter break to assist Year 11 students with their revision.

It is essential that students get into the habit of studying and revising for their examinations on a regular basis. I am also aware that some students find it difficult to revise at home with the distractions that our multi-media society brings! To this effect I am pleased to inform you that the ECO block at Plymstock School will be open from Monday to Thursday of each week of the Easter break for Year 11 students to undertake individual supervised study for their examinations. A member of the Senior Leadership Team will be present each day and will oversee the area.

Sessions will run from 9.00am until 1pm. Resources such as paper and other stationery items will be available in the classrooms, but students must bring their own resources for the subjects that they wish to study. There will be a computer room available for students to use. Students can arrive at any time during the morning, but will be required to sign in and out. Students are not required to wear uniform and should bring food and drink as there will be no possibility of buying food at school.

The aim of these sessions is to give students the opportunity to take responsibility for their own learning and revision in preparation for their forthcoming GCSEs. A few departments will be running revision sessions or controlled assessment completion sessions, and I will send you details of these next week.

If you would like your son/daughter to come into school for these revision sessions, please return the completed consent form to their tutor by Friday, 31 March.

If you require any further information, then please do not hesitate to contact me.

Yours sincerely

L Duff (Mrs)

ASSISTANT HEADTEACHER

Enc

Dear Parent/Carer

Please complete and return the form below. It relates to the forthcoming activity for which you have already received details. The form gives your consent for your child to take part in the activity on any of the designated days. By signing, you are agreeing to undertake full responsibility for your son/daughter as they travel to and from the school site and at any time that they leave the site during the designated times of the activity. Please complete and sign this form ensuring that your son/daughter returns it to their tutor by Friday 31 March. If your child dos not return the form by this time, they must bring it with them to the first revision session they attend. Without a consent form, students will not be able to stay in school.

| SCHOOL, COLLEGE OR CENTRE: | Plymstock School |
|---|---|
| VISIT OR ACTIVITY: | Year 11 Individual Study and Revision sessions |
| DATE(S): | Monday 3 April to Thursday 13 April 2017 |
| NAME OF CHILD OR STUDENT: | TUTOR GROUP |
| SPECIAL DETAILS: Any relevant information concerning your child's health or diet requiring special attention but which does not prevent him or her taking part should be noted below e.g. | |
| Does your child suffer from allergies? Take medication and if so what is the dosage Experience travel sickness Have diabetes, asthma or epilepsy? Has your Any additional comments? | • |
| I would like my son/daughter to take part in the provided, agree to him/her taking part in any content. | ne above mentioned activity and having read the information or all of the activities described. |
| 2. I consent to any emergency medical treatment | required by my child during the course of the activity. |
| 3. I confirm that my child is in good health and $\ensuremath{\mathrm{I}}$ | consider him/her fit to participate. |
| 4. I confirm that I undertake full responsibility for and at any time that they leave the site during | r my son/daughter as they travel to and from the school site the designated times of the activity. |
| SIGNATURE OF PARENT/CARER | DATE |
| ADDRESS | |
| TELEPHONE NO. (HOME) | (WORK) |
| NAME OF FAMILY DOCTOR (where known) | |