NAME……………………………………………………. HOUSE…………………

I would like to visit –

1. University / Company………………………………………………………
2. Department………………………………………………………
3. Day of the week and Date…………………….
4. Time of Departure………………………………………………..
5. Means of Transport………………………………………………..
6. Time of return…………………………………………………….

IT IS / IS NOT AN OFFICIAL OPEN DAY / INSIGHT DAY

Please could I be excused from the following lessons and activities so that I can attend the above institution. I will ensure I catch up any work missed.

|  |  |  |
| --- | --- | --- |
| Period: | Subject: | Signed by Teacher: |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |

Tutor Signature:…………………

Housemaster/Housemistress Signature:…………………….

Higher Education Co-Ordinator Signature:………………

Deputy Head Signature:………………..

**After your visit, please complete this short evaluation form regarding your visit.** This will help you reflect on the advantages and disadvantages of attending and help us to develop our open day / insight day recommendation.

<https://forms.office.com/r/nFwaUr3c66>