



Tudor Grange Academy
Dingle Lane
Solihull
West Midlands
B91 3PD

June 2019

Dear Parent/Guardian

LEARNING ZONE

Across the Trust we have been looking into expanding the opportunities for learning outside the classroom. Recent research has shown it is advantageous for teachers and students to have the ability to use areas within the local community to deliver the curriculum, when conditions favour the topic they are covering. Possible examples include undertaking surveys of the local amenities for Geography lessons, visiting retail outlets to demonstrate Business practices or visiting religious/cultural venues for Ethical Studies or Art and Design lessons.

It is believed that having students visible in the community increases their safety, as it enables the students to develop an awareness of how to deal with low level risks and the larger community are able to monitor their welfare alongside the staff supervising the students.

We have now formulated a Learning Zone around Tudor Grange Academy Solihull and hope you will support us in implementing this new concept with effect from September 2019.

To further inform you, we have generated Learning Zone Operating Guidelines and a Learning Zone Map, available to view on the website (<https://www.solihull.tgacademy.org.uk/>) via Events – Trips – Learning Zone.

In order for your child to take part in activities within the Learning Zone we would request that you complete and return the attached consent form by 12th July 2019. Alternatively, please complete the online consent form available via the link sent in the Parent Portal weekly email for week ending 07.06.19.

This is a new opportunity for staff and students, which we will closely monitor over the academic year 2019-2020. We will keep you updated on progress of this new learning environment.

Yours sincerely

Mrs C Smith
Principal



**LEARNING ZONE CONSENT FORM
TUDOR GRANGE ACADEMY, SOLIHULL**

Name of student: _____ Date of birth: _____

I have read the TGAS Learning Zone Operating Guidance document, available on the website (Events – Trips – Learning Zone).

I give consent for my child to leave the school premises under supervision for activities that form part of the normal curriculum and take place within the normal school day, to venues within the areas indicated on the TGAS Learning Zone map (available on the website). I understand that no prior notice will be given of such visits/activities unless specific equipment is needed.

I also understand that should my child need to leave the school premises for visits/activities outside of normal curriculum hours or to areas outside the Learning Zone, I will be informed separately by letter and further consent will be required by me.

For the purposes of emergency contact and medical conditions, existing details already provided by me to the Academy will be used as necessary. I undertake to inform Student Services as soon as possible of any change in the medical or other circumstances, including changes in my/our contact details. **[Note 1]**

I agree to my son/daughter receiving emergency medical or dental treatment of any nature as considered necessary by the medical authorities present.

Signed: _____ Name: _____

Relationship to student: _____

Date: _____

Note 1:

Parent/Guardians wishing to verify or amend the emergency contact or medical details held on record by the Academy should contact Student Services.