



Tuesday 6th June
OR
Thursday 8th June
9.00am
to 3.30pm



TARLETON
ACADEMY

FACIMUS NOSTRAE FUTURAE

Year 4 and Year 5 students are invited to
join us for a Taster Day

Limited Places

Contact Mrs Rooney for information

s.rooney@tarletonacademy.org

Closing Date for applications 12.00pm Friday, 19th May

Taster Day



Hesketh Lane
Tarleton,
Preston
Lancashire
PR4 6AQ
01772 812644

A programme of educational activities
including:

Literacy & Numeracy Challenges

Science

Food Technology

Art

Swimming

PE



www.tarletonacademy.org



*Not to be confused with Holiday Club 29th May to 2nd June

Taster Week Registration Form

Please complete all of the information below to register your child on a Tarleton Academy Taster Day. Please return the completed form to Mrs S Rooney **s.rooney@tarletonacademy.org** or hand the completed form in a sealed envelope into the school General Office.

Childs Details

Name

Date of Birth

Age

School

Current Year

Do you have a sibling at Tarleton Academy? If yes please give name and year.

Medical Details

Please list any medical conditions including Allergies, Asthma, Epilepsy, Diabetes, Heart Conditions etc. If you child requires medication you will need to complete a medical consent form on arrival.

Parent Contact Details

Name

Address

Telephone

Mobile

E-mail

Emergency Contact Details

Contact 1	Contact 2
Name	Name
Relationship	Relationship
Contact Number 1	Contact Number 1
Contact Number 2	Contact Number 2

Dates of Attendance

Please tick below which Taster Day you would like your child to attend.

If you are attending a primary school that is not on holiday this week, or does not have INSET days, then attendance is at the discretion of your current head teacher.

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Password

Please inform us of a password that is to be provided upon collection for your child. This password will be asked for every time your child is collected. This procedure is to ensure the safeguarding of your child. A child will not be handed over unless the password is known and given. Please ensure you communicate this password to any person collecting your child.

PASSWORD = _____

Permission

I give my child permission to attend a Tarleton Academy Taster Day. I would like my child to participate in activities organised by Tarleton Academy.

Name _____

Signature _____

Date _____