



5<sup>th</sup> February 2020

Dear Parent/Carer

**Year 10 Girls – Exeter University Law Society ‘Mock Trial’ at The Maynard School  
Wednesday 12<sup>th</sup> February 2020**

By popular demand we have decided to join The Maynard School, Exeter with their hugely popular ‘Mock Trial’ for girls in Year 10 and 11. The event is targeted at budding young lawyers who are interested in finding out more about the inner workings of the courtroom.

In previous years this event has proven to be a unique, hands-on opportunity to experience and enact the different roles of prosecution or defence barristers, to cross examine witnesses and sample what it must be like to be a member of the jury during some complex proceedings – all under the guidance of the Exeter University undergraduates who are brilliant at explaining the court process as the trial unfolds.

It goes without saying that the excitement of the courtroom, together with the tension of the jury’s verdict, really inspires those taking part to pursue their ambitions of a legal career in some capacity and we honestly couldn’t recommend it enough to any budding young lawyers. “I absolutely loved it and doing the Mock Trial in Year 11 really helped make up my mind that it is something I would like to do as a career which then helped with making my A-level choices. I would recommend it as you don’t often get this opportunity to sample a real-life courtroom, to see the different roles involved and the skills required if you want to take it further. It’s also a really impressive thing to put on your UCAS application.”

The trip takes place on Wednesday 12<sup>th</sup> February and we will be leaving Axe Valley Academy at 3pm arriving at 4pm. The lecture will take place between 4.15pm and 6pm. We will be leaving Exeter at 6.30pm arriving back at Axe Valley at approximately 7.30pm. Students will be in normal lessons up to 3pm. Students will be expected to wear their school uniform. **We only have 10 places available which will be allocated on a first come first served basis.** To secure your place please make a payment of £6 to the Academy online Gateway payment system. Mrs Sheen will be taking the students to the event and she will co-ordinate meeting times and venues prior to the 12<sup>th</sup> February. The students who go will also need to complete an SOE3 consent form (this will be given to them once payments have been made).

We would like to encourage all students with an interest in Law and debating to attend.

Apologies for the very short notice.

Yours faithfully

Jon Scott  
**Assistant Headteacher**

Chard Street, Axminster, Devon EX13 5EA  
Tel: 01297 32146 Email: [admin@axevalley.devon.sch.uk](mailto:admin@axevalley.devon.sch.uk) Web: [www.axevalley.devon.sch.uk](http://www.axevalley.devon.sch.uk)



**AXE VALLEY ACADEMY Chard Street Axminster Devon EX13 5EA  
FORM SOE 3 - PARENTAL CONSENT FOR OFF-SITE ACTIVITIES**



Dear Parent/Guardian

Please complete and return the form below which relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for your child to take part in this activity.

<b>VISIT OR ACTIVITY</b>	
<b>DATE</b>	
<b>NAME OF STUDENT</b>	<b>TUTOR GROUP</b>

<b>DATE OF BIRTH</b>	<b>Swimming ability (for water based activities)</b>
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<b>Special Details</b> Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted. For example, does your child: <ul style="list-style-type: none"><li>• have any allergies?</li><li>• take medication and if so what is the dosage required:</li><li>• experience travel sickness?</li><li>• have diabetes, asthma or epilepsy?</li></ul> <b>Has your child had any relevant recent illnesses?</b> <b>Approximate date of last tetanus injection:</b>
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<b>Does your child have any specific dietary requirements?</b>
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<b>NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR:</b>
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<b>Any additional comments:</b>
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<b>PHOTOGRAPHS:</b> Photos may be taken during the trip for use in our newsletter, on the school website etc. If you have objections to these being taken please indicate this here.
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<b>ONLINE PAYMENT YES / NO</b>
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I give permission for my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in the activities described.  
I consent to any emergency medical treatment required by my child during the course of the visit.  
I confirm that my child is in good health and I consider him/her fit to participate.

<b>If entitled to Free School meals: FREE Packed Lunch YES / NO</b>
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**NAME OF PARENTS / CARERS** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBERS: HOME** \_\_\_\_\_ **MOBILE** \_\_\_\_\_

**WORK** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**SIGNATURE OF PARENT/CARER** \_\_\_\_\_ **DATE** \_\_\_\_\_