

17 June 2014

Dear Parent/Guardian

### **YEAR 12 FRENCH EXCHANGE 2014 – 2015**

I am pleased to invite your son to participate in the eighteenth successful year of our French exchange. We are proud of our established link with the 'Loquidy' School and Sixth-form College in Nantes, and aim to build upon the success of previous years' exchanges. The exchange is run jointly in conjunction with the South Wilts Grammar School for Girls.

The dates are as follows:

**BWS students go to Nantes: Friday 10 October – Friday 17 October 2014**  
**Loquidy students visit Salisbury: Friday 20 March – Friday 27 March 2015**

The estimated cost, depending on final numbers, is between £350.00-£400.00 which covers all travel expenses, all trips and visits as well as insurance through the school. Daily living costs are on a reciprocal basis. The programme this year is yet to be confirmed, but previous exchanges have included:

- Time spent in the French school
- Visits in and around Nantes
- Day trip to Paris
- A weekend and evenings with the French host family

If you and your son are interested in taking part this year, please make a deposit payment of £100.00 as soon as possible by one of the following methods:

Online: Via [www.scopay.com](http://www.scopay.com). If you need a link code please email [lbr@bws.wilts.sch.uk](mailto:lbr@bws.wilts.sch.uk)

Debit/Credit card: Telephone Finance Office 01722 333851 ext 260.

I shall need to know the number of students intending to take part in the Exchange by **10 September 2014**.

Places will be allocated on a first-come, first-served basis. Refunds of the deposit will only be given in exceptional circumstances (for example, if your son does not study French at BWS in Year 12) so please make sure that your commitment to the trip is genuine. I also ask you at this time to complete and return the attached Parental Consent form and matching form. All forms should be placed in a named envelope in the Chapel Block safe.

There is no better way to learn a language than by going on an exchange and I strongly recommend this to you and to your son. It is most encouraging to see continuing friendships emerge from this link, which have even resulted in whole-family visits after the exchange! As a result of the trip your son will also have gained a real experience of another culture and, of course, his French will have made significant progress alongside this. I would like to highlight that there may be some mornings and evenings during the exchange week in March when start and end times of the day may be earlier or later than the normal school day. These are kept to a minimum.

I look forward to receiving your completed forms and deposit. Please do not hesitate to contact me at the school if you have any further questions.

Yours sincerely

Mrs H Gosse  
Head of French

**BWS - EDUCATIONAL VISIT & ACTIVITY PARENTAL CONSENT & INDEMNITY FORM 4**

*This form is only required for **Overnight Visits**. When completed by parents of SWGS girls who are attending BWS-led joint visits, the word 'son' shall be deemed to mean 'daughter'.*

**NAME OF TRIP****YEAR 12 FRENCH EXCHANGE****DATE OF TRIP****OCTOBER 2014****FULL NAME OF CHILD****TUTOR GROUP****Details of Journey/Visit:**

Journey/visit to

**NANTES, FRANCE**

From

**10/10/14**

To

**17/10/14**

I agree to my son taking part in the above trip. I have read the information sheet attached and agree to him participating in all of the activities described.

I acknowledge the need for my son to behave responsibly and to obey instructions given by staff at all times and I agree to indemnify the School and/or staff against any uninsured loss or expenses incurred as result of my son's misconduct or gross negligence, or reasonably incurred on behalf of my son during the trip.

**MEDICAL INFORMATION**

Does your son suffer from any conditions requiring medical treatment, including medication?

If yes, please give details:-

Does your son have any other conditions which the staff should be aware of, such as bed wetting, severe homesickness or sleep walking?

If yes, please give details:-

To the best of your knowledge, has your son been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?

If yes, please give details:-

Has your son received a tetanus injection in the last five years?

If yes, please give date:-

Is your son allergic to any medication?

If yes, please give details:-

**Please outline any special dietary requirements or food allergies of your son:-**

|  |
|--|
|  |
|--|

I agree for my son to be given the following medication if required:

|                    |     |    |  |
|--------------------|-----|----|--|
| Paracetamol        | Yes | No |  |
| Ibuprofen          | Yes | No |  |
| Imodium            | Yes | No |  |
| Rehydration sachet | Yes | No |  |

**DECLARATION**

I undertake to inform the Head Master as soon as possible of any change in medical circumstances between the date signed and the commencement of the journey.

I agree to my son receiving such emergency medical treatment, including :-

Anaesthetic as considered necessary by the medical authorities present.

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If the trip/activity is to be covered by the Schools' policy, a summary of cover is available from [www.bws.wilts.sch.uk](http://www.bws.wilts.sch.uk) under Letters Home. On the occasions that the cover is provided by a third party organisation, a copy of the insurance cover provided will be made available by the trip leader.

I understand the extent and limitations of the insurance cover provided

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**CONTACT INFORMATION FOR THE PERIOD OF THE TRIP/ACTIVITY**

|                    |  |
|--------------------|--|
| Home Address       |  |
| Work Telephone No. |  |
| Home Telephone No. |  |
| Email address      |  |

Please provide an alternative contact if you are not available

|               |  |              |  |
|---------------|--|--------------|--|
| Name          |  | Relationship |  |
| Telephone No. |  |              |  |
| Address       |  |              |  |

Signed by  
**PARENT/GUARDIAN**

Please Print Name

|  |      |  |
|--|------|--|
|  |      |  |
|  | Date |  |

**Please return to Mrs L Burke, Admin Assistant  
Bishop Wordsworth's School, 11 The Close, Salisbury SP1 2ED**

A copy of this form will be taken by the leader of any offsite trip or activity.

**MATCHING FORM - NANTES 2014-2015**  
**(TO BE FILLED IN USING BLOCK CAPITALS. PLEASE USE BLACK INK. PLEASE WRITE LEGIBLY)**



|  |              |   |              |
|--|--------------|---|--------------|
| <b>SURNAME:</b>  |              | <b>FIRST NAME:</b>  |              |
| <b>TUTOR GROUP:</b>  |              | <b>SEX: MALE / FEMALE</b>   |              |
| <b>DATE OF BIRTH:</b>  |              | <b>AGE AS AT 10 OCTOBER 2014:</b>   |              |
| <b>DISTANCE HOME-SCHOOL:</b>   | <b>miles</b> | <b>METHOD OF TRANSPORT:</b>   |              |
| <b>HOME ADDRESS:</b>   |              |   |              |
| <b>POST CODE:</b>  |              |   |              |
| <b><u>TELEPHONE NUMBERS</u> (including dialling code)</b>                                  |              |   |              |
| <b>HOME:</b>   |              | <b>MOBILE:</b>  |              |
| <b>E-MAIL ADDRESS: (please write clearly)</b>  |              |   |              |
| <b>HEIGHT:</b>   |              | <b>RELIGION:</b>  |              |
| <b>As regards your French partner, please choose one of the following: (please circle)</b> |              |   |              |
| <b>1. I MUST have a boy</b>  |              | <b>2. I can accommodate either a boy or a girl (separate room needed)</b> |              |
| <b>PROFESSION OF PARENTS:</b>  |              |   |              |
| <b>NUMBER OF BROTHERS AT HOME:</b>   |              | <b>NUMBER OF SISTERS AT HOME:</b>   |              |
| <b>HOBBIES AND INTERESTS:</b>  |              |   |              |
| <b>PERSONALITY: (3-4 key words)</b>  |              |   |              |
| <b>ANIMALS AT HOME:</b>  |              |   |              |
| <b>ALLERGIES:</b>  |              |   |              |
| <b>SMOKING HOUSEHOLD: (please delete) YES NO</b>   |              |   |              |
| <b>WILL YOUR PARTNER(S) HAVE HIS/HER OWN ROOM?</b>   |              |   |              |
| <b>ADDITIONAL INFORMATION:</b>   |              |   |              |
| <b>PARENT/GUARDIAN SIGNATURE:</b>  |              |   | <b>DATE:</b> |