

6 November 2014

Dear Parent/Guardian

STUDY VISIT TO NORMANDY, SUMMER 2015
YEAR 8 FRENCH

I am arranging a study visit to Normandy from **Monday 29 June to Friday 3 July 2015**. This is a fantastic opportunity to learn the language and build confidence. We shall be staying again at le Château de la Baudonnière, a French language immersion school in Normandy in an idyllic 100 acre setting with lakes, river and native woodland. The centre has experienced French teachers and activity leaders. There will be a balanced programme with time divided between French lessons, activities, excursions and evening events. Specific activities have not yet been finalised, but examples of possible activities are climbing, assault course, circus skills, bread making and archery. Possible excursions include le Mont St Michel, Normandy Landings beaches and local markets.

We shall be travelling by coach and ferry. Please note that boys will require their own valid passport and a current European Health Insurance Card. All pupils will be covered by the School's insurance policy.

Depending on final numbers, I am currently estimating the cost of the visit to be approximately £456.00 per student, which will include full-board accommodation, entrance fees, travel and insurance. I shall require an initial deposit by cheque of £75.00 which is non-refundable. Two further instalments will then be due: £166.00 by 28 January and the final balance of £215.00 by 24 April.

I hope that your son will be able to participate in this trip. Places are limited and will be allocated on receipt of the deposit cheque. However, if the trip is oversubscribed, priority may be given to boys who are studying French as their first language.

Payment:

The deposit must be by cheque made payable to 'Bishop Wordsworth's School' (please write your son's name, tutor group and 'Y8 Normandy' on the reverse). Please also complete the attached Parental Consent Form, writing your son's name exactly as it appears on the Passport (for ferry booking) and enclose both items in a named envelope marked with 'Y8 Normandy Trip'. This must be posted in the grey safe (adjacent to registers) in the Chapel Block. The deadline for replies is **Friday 21 November 2014**.

Yours sincerely

Miss O Telford
French Teacher
ot@bws.wilts.sch.uk

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 8 FRENCH STUDY VISIT TO NORMANDY		
DATE OF TRIP	JUNE/JULY 2015		
FULL NAME OF CHILD		TUTOR GROUP	

Details of Journey/Visit:

Journey/visit to	Le Château de la Baudonnière, Normandy, France		
From	Monday 29 June 2015	To	Friday 3 July 2015

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:-

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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
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If the trip/activity is to be covered by the Schools' policy, a summary of cover is available from 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
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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	
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**Please return to Mrs A Lloyd-Gilmour, School Trips Co-ordinator
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.