



11 November 2015

Dear Parent/Guardian

GERMAN EXCHANGE 2016 YEARS 9, 10 & 12

The German Department would like to offer your son the opportunity to take part in this year's German Exchange in the Rhineland. We shall be visiting Germany from Saturday 30 January – Saturday 6 February 2016 and the German students will be visiting us from Saturday 16 April – Saturday 23 April 2016.

BWS boys will be staying with families and will undertake a range of activities including a visit to Wiesbaden, time at the Rheingauschule in Rüdeshheim, a visit to either Heidelberg or Frankfurt and they will spend time with the host family in the evening. Year 12 students may also have the opportunity to do some work experience in a local primary school.

This is a valuable opportunity for boys to improve the fluency of their spoken German as well as giving them insight into aspects of German culture. The German students will stay with their BWS exchange partner's family and undertake a range of activities during the day and spend time with their host families in the evening.

As the number of boys taking part in the trip is not yet confirmed, I am unable to give a definite cost for the trip, but the cost will be £340.00 - £520.00. An initial non-refundable deposit of £180.00 will be required if you wish your son to take part in the exchange. Please also complete and return the attached Parental Consent Form and Matching Form via the Chapel Block safe. Please make your deposit payment **by Friday 20 November 2015**.

Payments Options:

Online: Via www.scopay.com. If you need a link code please email amh@bws.wilts.sch.uk. Link codes are only needed for online account set up.

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

The balance for this trip will be payable in 2 further instalments by 16 December 2015 and by 8 January 2016 please. Each instalment will be £80-£170 and will again depend on the number of boys taking part. A full itinerary will be confirmed nearer the time.

In the meantime, please do not hesitate to contact me at school if you have any queries.

I do hope that as many boys as possible will be able to partake in this trip.

Yours sincerely

Mrs L Bould
Head of German
lvb@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			
DATE OF TRIP			
FULL NAME OF CHILD		TUTOR GROUP	

Details of Journey/Visit:

Journey/visit to

From	30 January 2016	To	6 February 2016

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:-

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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:-

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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:-

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

If yes, please give date:-

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Is your son allergic to any medication?

If yes, please give details:-

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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-school.org.uk under Parent Portal / Useful Documents. 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	

**Please return to Mrs A Lloyd-Gilmour, School Trips Co-ordinator
Bishop Wordsworth's School, Exeter Street, Salisbury SP1 2ED**

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