



14 December 2015

Dear Parent/Guardian

STUDY VISIT TO NORMANDY, JUNE/JULY 2016 - YEAR 8 FRENCH

I am arranging a study visit to Normandy from **Monday 27 June to Friday 1 July 2016**. This is a fantastic opportunity to learn the language and build confidence. We shall be staying 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 both a valid Passport and a European Health Insurance Card will be required for this visit. Copies of both should be provided along with the attached Consent and Indemnity form by **Friday 22 January 2016**.

Depending on final numbers, the current estimated cost of the visit is approximately £478.00 per student, which will include full-board accommodation, entrance fees, travel and insurance. An initial deposit of **£100.00 must be made by 22 January 2016**. Three further instalments will then be due:

- £150.00 by 19 February
- £150.00 by 18 March
- £178.00 by 22 April 2016.

There are 40 places available for this trip and receipt of the deposit will be taken to mean you wish to take up a place on the trip. However in the event that the trip is oversubscribed, names will be drawn randomly and those pupils who are unsuccessful will be placed on a reserve list and their deposits refunded. Parents/Guardians who may find it difficult to meet the deadline for payment of the deposit should contact the Finance Office on ext 260.

Places available: 40

Deadline for deposit payment: 22/01/2016

Please pay 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)

Your son will be covered by the school's insurance during this trip; a copy of which is available on the school website. Please ensure that we have current emergency contact details and details of any medical conditions and that your son takes all necessary medication with him on this trip.

Yours faithfully
Miss Olivia 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			
DATE OF TRIP			
FULL NAME OF CHILD		TUTOR GROUP	

Details of Journey/Visit:

Journey/visit to

From		To

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	
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**Please return to Mrs A Herberts, Finance Office,
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.