



Bishop Wordsworth's School

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Head Master: Dr S D Smallwood BSc (Hons) PhD NPQH

6 December 2016

Dear Parent/Guardian

YEAR 9 AND 10 GERMAN EXCHANGE - Saturday 17th June – Saturday 24th June 2017

I am pleased to confirm that your son will be participating in the German Exchange next year and thank you for sending the initial deposit. Until flights (likely to be Ryanair) and transfers are booked the final cost is still to be determined but a reminder that two further instalments are due as follows:

- **£100 by 14 December 2016**
- **Final balance by 24 February 2017**

When the final cost is known I will let you know.

Payment Options:

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).

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

In order to pair your son with a German student of similar tastes with sensitivity, as far as we can, please complete the attached Matching Form and return to Mrs Singleton by **Wednesday 14th December**.

May I remind you that your son will require his own valid passport and EHIC which I shall collect from you in advance of our trip. If you find that either of these documents needs to be renewed in order to be valid when we are due to travel, please make the application(s) as soon as possible. In order to book flights we will need your son's name and date of birth as it appears on the passport and passport number. Please could you send an electronic copy along with a copy of their EHIC card to Mrs Singleton by email bjs@bws.wilts.sch.uk by **Wednesday 14th December**.

I shall organise a meeting next term and a detailed itinerary will be available in the Spring/Summer. If you have any urgent queries please do not hesitate to contact me at school.

Yours sincerely

Mrs L Bould
Head of German
lvb@bws.wilts.sch.uk

MATCHING FORM – GERMAN EXCHANGE 2016-2017
(TO BE FILLED IN USING BLOCK CAPITALS. PLEASE USE BLACK INK. PLEASE WRITE LEGIBLY)



SURNAME:	FIRST NAME:
TUTOR GROUP:	SEX: MALE / FEMALE
DATE OF BIRTH:	AGE AS AT 28 FEBRUARY 2017:
DISTANCE HOME-SCHOOL: miles	METHOD OF TRANSPORT:
HOME ADDRESS:	
POST CODE:	
TELEPHONE NUMBERS (including dialling code)	
HOME:	MOBILE:
E-MAIL ADDRESS: (please write clearly)	
HEIGHT:	RELIGION:
As regards your German partner, please choose one of the following: (please circle)	
1. I MUST have a boy 2.	I can accommodate either a boy or a girl (separate room needed)
PROFESSION OF PARENT(S):	
NUMBER OF BROTHERS AT HOME:	NUMBER OF SISTERS AT HOME:
HOBBIES AND INTERESTS:	
PERSONALITY: (3-4 key words)	
ANIMALS AT HOME:	
ALLERGIES:	
SMOKING HOUSEHOLD: (please delete) YES NO	
WILL YOUR PARTNER(S) HAVE HIS/HER OWN ROOM?	
ADDITIONAL INFORMATION:	
PARENT/GUARDIAN SIGNATURE:	DATE: