January 2018

Dear Parent

**Visit to Geneva, Switzerland – Year 12 & 13**

I am writing to inform you about a school visit to the CERN research facility in Geneva, Switzerlandon Friday 29th June to Sunday 1st July. The trip will not only serve as an excellent learning opportunity for our aspiring future scientists, but is also a once in a lifetime opportunity for students to interact with some of the world’s leading specialists in their respective fields.

Geneva itself is quite the tourist attraction, especially in the summer and this alone is well worth the visit! Therefore, in addition to visiting the CERN, we will be visiting a number of prominent museums in Geneva as well as the UN offices, the second largest UN office in the world. All in all, an exciting summer awaits our young students.

Students will depart from London Heathrow at 6.45am on Friday 29th June and travel by British Airways to and from Geneva, returning to London Heathrow at 9.50pm on Sunday 1st July. Students will be required to bring enough appropriate clothes for a two night stay. Meals, accommodation and tickets to the museums are included in the cost of the trip. However, students will be required to bring their own spending money.

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided for this trip.

Please note that there are a limited number of places available and these will be allocated on a first come, first served basis. Only students with an exemplary record of behaviour will be eligible.

The cost of this trip is £349. If you would like your child to participate in this trip, please pay the non-refundable cost of £100 before Monday 29th January 2018.Please note that by paying the non-refundable deposit, you are agreeing for your child to attend this trip and all subsequent payments (also non-refundable) must be made by the dates set out below

Second instalment of £134 due by Monday 26th March 2018

Final balance of £160 due by Monday 28th May 2018

*It is your responsibility as parent/guardian to ensure that your child has a valid passport, medical card (EHIC) and Visa (if your child is a non-EU citizen).*

Please note that the visit will only take place if we have a sufficient number of students and confirmed payments for the trip to go ahead. If the trip is cancelled, payments will be fully refunded.

In order to remove all cash and cheques from the school, parents are asked to use ParentPay to pay for this trip. If you are unable to pay online, please contact the school office, who will provide a barcode letter to enable payment at a PayPoint, which is linked to your ParentPay account. If your child receives free school meals and payment should present a problem, please contact the Trip Co-ordinator.

By consenting on ParentPay, you agree to:

* Your child taking part in the visit as detailed above
* A member of staff giving consent for your child to receive appropriate medical treatment in the event of an emergency

If you have any further queries, please do not hesitate to contact me at asarai2@uhs.org.uk

Yours sincerely

**A Sarai**

**Assistant Curriculum Leader – Science**



**EMERGENCY CONSENT FORM**

**VISIT TO GENEVA, SWITZERLAND**

Please return to Mr Sarai by Monday 29th January

|  |  |
| --- | --- |
| **FULL NAME OF STUDENT:** |  |
| **DATE OF BIRTH:** |  |
| **PLACE OF BIRTH:** |  |
| **PASSPORT NO:** |  |
| **EHIC CARD NO:** |  |
| **NATIONALITY:** |  |
| *(Please note if your child was born outside the UK, full details of both parents will also be required. A student who is not a British National will need to bring his or her own passport.)* |
| **PARENT NAME:** |  |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  |
| **MOBILE TELEPHONE NO:** |  |
| **HOME TELEPHONE NO:** |  |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS:** |
| **NAME:** |  |
| **CONTACT TELEPHONE NO:** |  |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.