

September 2017

Dear Parent

**Visit to Paris, France – Year 8 & 9**

We are delighted that you have shown interest in the Paris Rugby Tour taking place at Easter 2018. We intend for the tour, which will last 3 nights and 4 days, to run from Thursday 29th March until Sunday 1st April.

The tour will give students the chance to experience a new city through many exciting excursions, further develop their skills with a training session lead by the Racing 92 academy coaches and take part in game against a local team. We also hope to watch a European Cup rugby game, if the fixture timings permit.

We will be staying at the Auberge Yves Robert, a hostel located on the outskirts of the city. This will be on a half board basis, with breakfast and an evening meal included. The excursions included on the trip are a Bateaux Mouches sightseeing cruise, a trip up the Eiffel tower and a stadium tour of the infamous Stade de France.

This is an overnight trip. Therefore students do not need to wear school uniform.

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 the tour is £415. This covers all travel, accommodation, food (half-board basis), activities, excursions and insurance. The only cost not included will be the European Cup match, which, if we do book, would cost £20 per ticket. We will endeavour to gain sponsorship and/or fundraise to cover this cost.

To confirm your child’s place on the tour, please pay the non-refundable cost of £60 on or before Monday 2nd October 2017. 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 £55 by Friday 20th October 2017

Third instalment of £100 by Friday 24th November 2017

Fourth instalment of £100 by Thursday 21st December 2017

Balance of £100 by Friday 26th January 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.

Yours sincerely

**T Emery**

**Assistant Curriculum Leader – PE**



**EMERGENCY CONSENT FORM**

**VISIT TO PARIS, FRANCE**

Please return to Mr Emery by Monday 2nd October

|  |  |
| --- | --- |
| **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.