



## Tudor Grange Academy Redditch

November 2014

Dear Parents/Carers,

### Visit to Berlin – June 2015

Thank you for the £120 deposit towards payment for the visit to Berlin in June 2015. I am sure that your son/daughter will find this a rewarding experience. Unfortunately due to an unforeseeable problem with accommodation we have had to change the date of the trip to **Sunday 14<sup>th</sup> June – Wednesday 17<sup>th</sup> June**. Should this cause any problems or complications then please do not hesitate to contact me.

I would also like to take this opportunity to outline the payment schedule for Berlin. You can of course pay off all the remaining balance at any time, but I would ask as a minimum that these dates below are kept to.

#### Payment plan for the Berlin trip – June 2014:

Amount	By date
£120	Deposit received with thanks
£50	Thursday 18 <sup>th</sup> December
£110	Friday 30 <sup>th</sup> January
£110	Friday 27 <sup>th</sup> February
£110	Friday 27 <sup>th</sup> March
<b>£500</b>	<b>Full amount paid with thanks</b>

If you could please complete and return the parental consent form and I would be very grateful if you could please provide the relevant passport details on the reply slip attached. If you have any queries, please do not hesitate to contact me at school.

Yours sincerely,

**Mr M Connolly**  
**Head of History and RE**



**REPLY SLIP – Please return to Mr Connolly by Thursday 18<sup>th</sup> December**

Name of student: ..... Tutor group: .....

I enclose the next installment of £50 for the above trip (Please indicate method of payment below):

- Cheque (payable to Tudor Grange)
- Cash
- Payment4Schools system

**Passport and Medical details**

Student's name (Exactly as it appears on their passport): .....

Date of Birth: ..... Passport Number: .....

Expiry Date: ..... Place of Issue : .....

Country of Birth: ..... My child has a European Health Card: YES/NO  
delete as appropriate.

**Tudor Grange Academy**  
**PARENTAL CONSENT FORM**  
(For higher risk trips or where an overnight stay is planned)

**1. Details of Journey: Visit to Berlin – June 2015**

**From: Sunday 14<sup>th</sup> June until Wednesday 17<sup>th</sup> June**

I agree to my son/daughter ..... (name) taking part in the above mentioned visit, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

**2. Medical Information**

(a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES, please give brief details.

.....  
.....

(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious?  
YES / NO

(c) Is your son/daughter allergic to any medication? If YES, please specify.

.....  
.....

(d) Has your son/daughter received a tetanus injection in the last five years? YES / NO

Please outline any special dietary requirements of your son/daughter.

.....

I undertake to inform the Co-ordinator/Headteacher as soon as possible of any change in circumstances between the date signed and the commencement of the journey.

**3. Declaration**

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I may be contacted by telephoning the following numbers:

Work: ..... Home: ..... Mobile .....

My home address is: .....

.....

If not available at above, please contact:

Name: .....

Telephone Number: .....

Address: .....

Name, address and telephone number of family doctor:

.....

My child does / does not have a mobile phone they will be bringing on the trip. If your child has a mobile

they will be bringing with them on the trip please provide their mobile number: .....

Date: ..... Signed: .....(Parent/Guardian)