

Our Ref: AW/DT.532

17th May 2017

Dear Parents/Carers

t 01449 613 541

e enquiries@stowmarkethigh.suffolk.sch.uk

w stowmarkethigh.suffolk.sch.uk

Ski Trip to Ehrwald, Austria – February 9th 2018 – February 17th 2018

Thank you for your initial payments for the above trip. The payment schedule is on your green payment card, which you recently received. Please continue to make payments promptly. All cheques should be made payable to Stowmarket High School.

We will be staying at the Hotel Gasthof Pension Sauling, their website is <http://www.gasthof-saeuling.com/> and we will be skiing in Ehrwald and the Zugspitze glacier – with a lift pass that covers the whole of the valley.

THINGS TO DO

1. Please complete the Parental Consent Form and 'Information Required for Ski Trip', and return them to me.
2. All pupils need their own **PASSPORT**. If you already have your own passport please ensure that it will be **VALID DURING THE DATES OF TRAVEL**. If you haven't got a passport at the moment, please make sure you get one in plenty of time for going away at February.
3. All pupils will need their own European Health Insurance Card (EHIC). If you haven't got one you can apply free online - <https://www.ehic.org.uk/Internet/startApplication.do> or by phone. Tel: 0300 3301350.

I will be writing to you again in the near future regarding ski lessons and our Parents Evening in November. In the meantime, should you have any questions or queries, please do not hesitate to contact me, either by telephone: 01449 613541 or email: aw@stowmarkethigh.suffolk.sch.uk

Yours sincerely

Mr A Wright

Mr A Wright
Trip Co-Ordinator

INFORMATION REQUIRED FOR SKI TRIP

Please complete all sections in **BLOCK CAPITALS**

Surname: Forename:

Date of Birth: Male / Female: Age (on return to UK):

Nationality: Town of Birth:

If not British, please give your Mother's and Father's nationality (ies):

.....

Passport N^o: Country of Issue: Expiry Date:

Parent / Guardian's Name:

Telephone Number (inc STD Code) Home: Work:

Parents' Mobile Number(s):

Address (including post code)

.....

Are you intending to SKI or SNOWBOARD: (please circle) SKI / BOARD

Snowboarders please circle which foot REGULAR / GOOFY

Your height (in cms eg 157cm):

Your weight (kg):

Shoe Size (*European*):

Skiing or Snowboard experience:

(a) Weeks on Snow:

(b) Hours on dry ski slope:

Medical Details: (allergies, medicines etc):

.....

Any special dietary requirements: (vegetarian, vegan etc):

.....

Alternative contact number if parents / guardians are away during ski trip:

.....

Signed: Date:
Parent / Guardian

SUFFOLK COUNTY COUNCIL - EDUCATIONAL VISITS PARENTAL CONSENT FORM (PC/07)

NAME OF CHILD: _____ **DATE OF BIRTH:** _____

SCHOOL: Stowmarket High School

VISIT(S) TO: Ehrwald, Austria

DATE(S) OF VISIT(S): 9th February 2018 – 17th February 2018

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: _____

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the school governors.

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Home Address

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

Alternative Contact if required

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

