

Tomlinscote School & Sixth Form College

A Specialist Language College



19 December 2016

Dear Parents/Carers,

Re: Year 7 International Week 2017 – Germany

First of all, I would like to thank you for supporting the visit to Germany next year and I confirm that your son / daughter has been allocated a place on this visit. I would now like to draw your attention to the dates for the instalments to be paid. **I am also enclosing one form which should be completed and returned to Miss López as soon as possible.**

The total cost for the visit is £400, £100 of which has already been paid. The remaining £300 will be broken down into three separate instalments. These will have to be paid via **Parentpay** by the following dates:

- 1st instalment - £100 - 16th January 2017
- 2nd instalment - £100 - 20th February 2017
- 3rd instalment - £100 - 20th March 2017

Please use your son/daughter's Parentpay account, where you'll see 3 new items for payment available from 23rd December: **Yr7 International Week Germany 2017**. Just click on these and you'll be taken through the easy payment process. If you have any queries regarding Parentpay please e-mail Mrs Strong on lstrong@tomlinscoteschool.com who would be able to assist you.

I will be in touch again nearer the time to invite you to a parents' evening. In the meantime, I would like to thank you in advance for the prompt payment of the instalments.

Yours sincerely

Mrs S Davies
Party Leader



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Registered office: Tomlinscote School & Sixth Form College, Tomlinscote Way, Frimley Surrey GU16 8PY.



Yr7 International Week 2017
Study visit to Germany

To be completed and returned to Miss López in lessons or at the MFL Office (B1.3) during **week beginning 9th January 2017.**

Name of student:.....

Tutor group:.....

Passport Number

Expiry Date

Nationality of the passport

1. Medical information

I certify that as far as I am aware my child is medically fit*to undertake this journey and associated activities and there are no known health reasons why he/she should not take part. I authorise medical treatment to be provided should this become necessary during the course of the visit.

***Please give details of any medical condition of which the staff should be aware**

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GP's Name and Contact Number

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Has your child been vaccinated against tetanus in the past 5 years?

Yes / No

Please list any allergies or food intolerances and write the names of any medication, which should NOT be administered to your son/daughter (students must hand all medication to a member of staff for safekeeping on boarding the coach)

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Please state any specific dietary requirements e.g. vegetarian

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Please state whether you give permission for a member of staff to administer paracetamol, if considered necessary.

Yes / No

Signature of Parent/Guardian

Date