

St PAUL'S CATHOLIC SCHOOL

A Specialist Science College and Training School

Phoenix Drive Leadenhall Milton Keynes MK6 5EN

Headteacher: Michael Manley



October 2010
PCT/dws

Dear Parent

Re: History Dublin Trip – Thursday 24th March – Saturday 26th March 2011

As part of the A2 History course we have arranged a trip to Dublin in March 2011. This is a trip that will enhance their knowledge of Irish History which is a major component of their studies this year.

It is a residential trip from the 24th – 26th March. We will be flying from Luton to Dublin and we will stay at the Maynooth Campus Conference and Accommodation Centre. The cost of the trip will be £270.00. We understand that this represents a considerable financial outlay and would like to stress that the trip is not obligatory.

This figure is made up of a charge of £130.00 for board and lodging, which will be made for all pupils except where parents receive Income Support, Family Credit, Income Based Job Seeker's Allowance or Disability Working Allowance.

The remaining cost of £140.00 covers activities, transport, insurance etc and you are invited to make a voluntary contribution towards the costs. You are not obliged to make a contribution and pupils will not be excluded through inability or unwillingness to pay. However the visit can only go ahead if there are sufficient voluntary contributions to cover the costs.

Requests for remission of the charge should be made in writing, in confidence, to the Finance Manager.

To confirm your reservation please return the attached reply slip and parental consent form together with a cash/cheque deposit of £55.00 (a cheque is our preferred method of payment, with your child's name and form written on the reverse, payable to St Paul's School Fund) to Finance (A138) by **Friday 5th November 2010**.

The balance needs to be paid by **Friday 17th February 2011**, either in a lump sum or if you would like to take advantage of paying by standing order (schedule shown below), complete and return the enclosed instruction form to the Finance Office in an envelope marked with your child's name, form and name of the trip. If for any reason a student cancels after booking and another replacement cannot be found, the payments made up to this point will be lost.

- 1st instalment of £55.00 Friday 5th November 2010
- 2nd instalment of £55.00 Friday 3rd December 2010
- 3rd instalment of £55.00 Friday 7th January 2011
- 4th instalment of £55.00 Friday 4th February 2011
- 5th instalment of 55.00 Friday 4th March 2011

Telephone: (01908) 669735
e-mail: enquiries@st-pauls.org.uk

Fax: (01908) 676206
web site: www.st-pauls.org.uk



The initial payment cheque will be cashed immediately and the standing order set up to commence on 3rd December if you request this.

I hope this information helps you in your financial planning for this trip. Your child will require both their own passport and EHIC card. The EHIC card provides access to state-provided emergency treatment and healthcare for UK residents on temporary visits to other EC countries. Forms can be picked up from any Post Office, you can apply online at www.dh.gov.uk/travellers or by calling the EHIC Application Line on 0845 606 2030. **Students will not be permitted to travel without a valid passport and the EHIC card. No refunds will be given in such circumstances.**

We will need sight of your child's passport in order to book the flights. He/she will need to bring his/her passport to Mrs Williams in K112 at break or lunchtime; it will be returned immediately.

If you would like any further information on this visit please do not hesitate to contact us at the school.

Yours sincerely



Mr P Coldicott
History Teacher



Mrs K Anderson
Head of History

Reply Slip to the Finance Office in an envelope marked – History Dublin Trip (DWS)

Pupils Name: _____

Form: _____

I give permission for my son/daughter to attend the History Dublin Trip from Thursday 24th March – Saturday 26th March 2011

I enclose a cash/cheque deposit of £_____ (Please take all payments direct to Finance A138 where a receipt will be issued.)

I would like to pay by standing order and have completed and enclosed the standing order instruction form.

Child's full name (as it appears on their passport) _____

Date of birth (DD/MM/YY): _____

Place of birth: _____

British Passport number: _____

Date of issuance of British passport (DD/MM/YY): _____

_____, has my/our consent to travel with St Paul's Catholic School History Department to visit Dublin, Southern Ireland during the period of Thursday 24th March and Saturday 26th March (inclusive)

Any questions regarding this consent letter can be directed to the undersigned at:

Full Name: _____

Signature(s): _____ Date: _____

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e-mail: enquiries@st-pauls.org.uk

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PARENTAL CONSENT FORM -RESIDENTIAL/HAZARDOUS ACTIVITIES

(This form or a copy will be taken by the Leader on the visit)

SCHOOL/CENTRE: _____

1 DETAILS OF VISIT

Visit to: **Dublin**

From: **Thursday 24th March**

To: **Saturday 26th March**

I agree to my son/daughter _____ (name)

Taking part in the above-mentioned visit and, having read the information sheet, agree to his/her participation in the activities described. I support the need for responsible

2. MEDICAL INFORMATION

Does your son/daughter suffer from any conditions requiring medical treatment or medication. YES/NO

If YES please give details

To 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

If YES please give details

Is your son/daughter allergic to any medication? YES/NO

If YES please give details

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

Does your son/daughter have any special dietary requirements? YES/NO

If YES please give details

3. DECLARATION

To the best of my knowledge my son/daughter is not suffering from any medical condition that makes them unfit to participate in this visit or the activities described. I agree to my son/daughter receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

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I may be contacted by telephoning the following numbers:

Work: _____

Home: _____

My home address is: _____

If not available at above, please contact:

Name: _____ Telephone No: _____

Address: _____

4. Name, address and telephone number of family doctor.

_____ Tel: _____

I undertake to inform the Party Leader/Head as soon as possible of any change in the medical circumstances between the date signed and the commencement of the visit

Signed:Date

Name (Please print) _____



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Dublin Trip

Please find below a form for you to complete instructing your bank to make the monthly standing order payment regarding the Dublin Trip. Please note that all standing orders should start on the 3rd December 2010.

Yours Sincerely

Mrs P Richter

.....

BANK STANDING ORDER

NAME AND ADDRESS OF YOUR BANK.....

.....

PLEASE PAY NATIONAL WESTMINSTER BANK PLC, Milton Keynes Branch(60-14-55)

For the credit of Account no 60705515 MKC St Paul's Catholic School Fund.

The sum of (figure) £.....Words.....

On 5th November 2010. Commencement date and thereafter ever month for 4 months.

Name of Paying Account:.....Account No

Paying Bank Sort Code.....

SIGNATURE:.....DATE.....

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