JPS/vb

6th September 2022

SKI TRIP TO PASSO TONALE, ITALY
FEBRUARY HALF TERM, 2023

Dear Parent or Carer,

I hope your Son/Daughter is now really looking forward to the ski trip next year. I would like to take this opportunity to remind you of some important dates coming up this term.

Please find detailed below the remaining payment deadline that has been set by the tour company. We must stick to these dates to ensure that the trip can take place.

Payments made to date: £320 – most have paid this, thank you.
Final payment of £630 – due 30th November

These payments can be made at any time via the ParentPay system. We are happy for you to make regular, smaller contributions towards this trip, so long as the appropriate balance is paid in advance of the date listed above.

I would also like to take this opportunity to invite you to an information evening on Tuesday 27th September at 6:00pm. It would be beneficial for all students and parents to attend this information evening to enable us to give details about the trip itinerary, kit requirements and to answer any questions you may have. Snow Union a local ski kit supplier will be in attendance at the meeting as well as a representative from Inspired Travel (via video) to help answer any questions you may have.

There is a form attached to this letter with information needed to pass on to the hotel and ski equipment hire shop. Please ensure this form is completed prior to the evening and handed in on arrival.

If your Son/Daughter has not skied before they will receive a letter inviting them to join us at Suffolk Leisure Park for some beginner lessons. These will take place over the course of three 2-hour sessions and cost around £45. Although there is no obligation that students attend these sessions, we will be asking all students to ensure they can complete basic ski technique drills prior to the trip in February. If students do not have the basic skills they will find it very difficult to get started on the real snow, which may limit their progress and enjoyment of the experience.

A final reminder, all of the letters, information and details can be found on the Ski trip section of the school website. I look forward to meeting you at the information evening, please do not hesitate to contact me if you have any questions.

Regards

Mr J Parks - Trip Leader
Head of Biology

Surname _____ First Name(s) _____

(as on Passport)   (as on passport)

1. Date of Birth: _____ Town of Birth: _____

2. Age in years on departure date: - _____   3.   Gender: M/F

4. I am a: - SKIER / SNOWBOARDER

5. Ski Ability (predicted)

    A - Total Beginner: UK dry slope lessons.
    B - Beginner: confident snowplough turns on snow.
    C - Intermediate: confident parallel turns on snow.
    D - Advanced: Linked, rhythmical turns on all terrain

6. Height (cms)………….. Weight (kgs)…………….. Continental shoe size (UK+33) ……….

    I require a Helmet: YES/NO   Head circumference (cm): …………

7. <u>Any special dietary requirement?</u> Eg: vegetarian, no red meat, food allergy (specify)

    Continue on a separate sheet if necessary.

    _____

    _____

    For the accommodation it is often more helpful to know what a student WILL eat.

    I DO eat the following types of food: -

    _____

    _____

8. My passport is: - Number _____ Expiry Date: _____

    Valid and there is 6 months or more remaining after we return.   ☐

    I am applying for a new passport.   ☐

9. My GHIC (if appropriate) is valid, and the number is: GB_____

    My GHIC has run out and I am applying for another   ☐

FARLINGAYE HIGH SCHOOL   **Parental consent and medical form**

NAME OF STUDENT: _____

DATE OF BIRTH: _____   **TUTOR GROUP:** _____

I give consent for my child

    a) to take part in school trips and other activities that take place off school premises
    b) to be given first aid or urgent medical treatment during any school visit or activity

I understand that I will be provided with written details relating to specific visits and will need to sign a reply slip to confirm that I give consent for that particular visit, and that the information provided below is valid for the date of each visit. If any details change, or are not relevant for any visit, then I will provide the appropriate information to the school.

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.

PLEASE COMPLETE ALL SECTIONS BELOW

1.   Please provide two appropriate sets of details who can be contacted if necessary. If you will be away from home during a particular school visit it is your responsibility to provide an alternative emergency contact for the date of that visit.

Contact 1	**Contact 2**
Name: _____	**Name:** _____
Address: _____	**Address:** _____
_____	_____
Post Code: _____	**Post Code:** _____
Daytime Tel: _____	**Daytime Tel:** _____
Evening Tel: _____	**Evening Tel:** _____
Mobile Tel: _____	**Mobile 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. It is your responsibility to provide the school with updated information should there be any changes to medical/dietary conditions.

Medical Condition	Medication, details and dosage	Dietary requirements relating to medical condition or allergies

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

_____

Signed: _____ (Parent/Carer) **Date:** _____