



Church of England School
 Headteacher: Mr A J Wilcock MA (Cantab)

7th December 2017

Dear Parents/Carers,

USA Ski Trip 2018

It is just 17 weeks until we hit the slopes in Utah, where the temperature is currently a chilly -16 and snow is starting to fall.

Thank you to those of you who have made your final payments. For those that have not done so yet, please ensure that **full payment** is received by **Friday 15th December** at the latest.

I wanted to take this opportunity to remind you of the meeting taking place in the Drama Barn on Wednesday 10th January at 6.30pm.

The format of the meeting will be as follows:

6.30 – 7.00pm	Paperwork and opportunity to view/purchase/hire equipment from Ski Togs.
7.00 – 7.30pm	Presentation
7.30 – 8.00pm	Staff available to answer questions and further opportunity to view/purchase/hire equipment.

I have attached a **medical consent form** which I would be grateful if you could complete and bring to the meeting, along with your son/daughter's passport, which we will scan and return to you at the meeting. This will enable us to have a copy of the passport should any passport mishaps occur whilst we are away.

In the past many students have been keen to purchase a 'ski team' hoodie to wear on the trip and as a memento afterwards. Should you wish to purchase a hoodie, please fill out the attached form and return this during the meeting. The cost of a hoodie is £20.00 and payment should be made in the usual way via ParentPay by selecting '**USA Ski Trip Hoodie 2017/2018**'. Payment should be received by 15th January 2018.

Should you have any concerns with respect to payment, please contact Mrs Hagon on 01895 671002, alternatively email parentpay@bishopramseyschool.org.

Please be aware that all student **MUST** have a valid Visa waiver (ESTA). I will discuss this further at the meeting. However should you wish to apply for this in advance, please note that it is best to apply directly through the US customs website. This will cost just \$14.00 (<https://esta.cbp.dhs.gov/esta/>)



Address: Hume Way, Ruislip, Middlesex. HA4 8EE ∞ **Telephone:** 01895 639227 ∞ **Facsimile:** 01895 622429

Email: office@bishopramseyschool.org ∞ **Website:** www.bishopramseyschool.org

I look forward to seeing you on 10th January. In the meantime, if you need any further information please do not hesitate to contact me via the contact details given below.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'S Forrest', with a horizontal line underneath.

Mr S Forrest
Year 11 Director
Sforrest1.312@lqflmail.org
01895671090

Hoodie Order Form

Please complete and bring to the meeting on 10th January 2018

Name				
Size				
Name on back (please write as you wish it to be printed. e.g all capitals)				
Size	S	M	L	XL
Chest/to fit	34/36inch	38/40	42/44	46/48

USA Ski Trip 2018 Medical Consent Form

Please complete and bring to the meeting on 10th January 2018

Student's Name: _____ Date of Birth: _____

Home Address:

Next of Kin Contact Details (during period of trip 1st April – 7th April 2018)

Name: _____ Relationship to Student: _____

Mobile: _____ Home: _____ Work: _____

Name: _____ Relationship to Student: _____

Mobile: _____ Home: _____ Work: _____

Please provide details of any current medical conditions we should be aware of eg. diabetes, epilepsy, allergies:

Please provide details of any current medical treatment, including medication being taken:

Please provide details of any special dietary requirements:

Date of last tetanus injection: _____

I will ensure that my son/daughter will understand that for the safety of his/her self and the group any rules and instructions given by staff will be obeyed.

I understand that should my son/daughter's behaviour be unacceptable during the Trip, they may lose skiing time and/or social time.

I consent to my son/daughter being given a mild painkiller (eg. Paracetamol) if considered necessary by the Party Leader.

I give permission for my son/daughter to receive medical treatment in an emergency situation if as parent/carer I cannot be contacted.

I agree to inform the Party Leader of any changes in the health/medical condition of my son/daughter prior to the date of departure.

Signed: _____ Date: _____
(parent/carer)

Name: _____ Relationship to student: _____