

BISHOP



RAMSEY

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

11th January 2018

Dear Parent/ Carer,

A Level Physics Trip to the CERN, Geneva, Switzerland.

We are delighted that your son/daughter is booked to join us when we visit the CERN Particle Accelerator in Geneva, Switzerland. This directly supports the material we need to cover for particle physics for the AS and A level Physics course.

This trip is scheduled to leave on Thursday 12th July (very early) and return on Saturday 14th July (late afternoon), 2018. Students will be accompanied by myself and Dr Jackson. We both teach A level Physics and know the students.

The second instalment of £100 is due by **Friday 19th January 2018**. Payment should be made via ParentPay and selecting '**CERN - 2017/2018**'. Should you have any concerns with respect to payment, please contact Mrs Hagon on 01895 671002 or email parentpay@bishopramseyschool.org

Flights have been reserved from/to Luton Airport using Easyjet as it is the cheapest carrier. I now require a photocopy (or an e-mailed picture) of the passport page carrying your son/daughters photograph. This must be the passport that will be used for the trip. Names have not yet been added to the tickets but this will need to be done soon.

If the passport is not from an EU country then a visa may be required. It is your responsibility to apply for this. If a supporting letter is required from the school please let me know what is needed.

If you have not already done so, please also complete and return the permission slip attached.

If you have any further questions please do not hesitate to contact me via email on e-mail mdavies62.312@lgflmail.org or telephone 01895 639227 ext 655.

Yours sincerely,

Mrs M Davies
Head of Physics



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

**AS PHYSICS VISIT TO CERN, GENEVA, SWITZERLAND
PLEASE RETURN TO MRS DAVIES, SCIENCE OFFICE**

Students Name: _____ Form: _____

I give permission for my son/daughter to attend the above trip.

I have checked my son/daughter's medical details on Parent Portal and confirm that the details are correct and up-to-date. I agree to inform you of any changes between now and the trip.

In addition to the above please indicate below any medical conditions which may affect your son/daughter taking part in activities. No responsibility can be taken for conditions about which we have not been notified.

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

I give my permission for my son/daughter to receive medical treatment in an emergency

I give permission for my son/daughter to take part in activities including swimming

I give permission for my son/daughter to make their own way home from the airport

Signed: _____ Name: _____
(parent/carer)

Date: _____