

9 February 2016



Dear Parent/Carer

**TRIP TO POITIERS, PERPIGNAN AND CÉRET IN FRANCE - ROSES AND BARCELONA IN SPAIN
MONDAY 18 JULY TO SATURDAY 23 JULY 2016**

I am delighted to inform you of an exciting opportunity for your son/daughter to put their language into good practice and join us on a fun packed trip to France and Spain for six days. The trip will take place from Monday 18 July to Saturday 23 July 2016.

The cost of the trip is £600.00 per student which includes accommodation, travel and for all their meals, as well as the entrance fees to all the excursions listed below. Your son/daughter will need to bring their own money for snacks and souvenirs. There is financial assistance available for those who qualify, should you require further information or help, please contact our Finance Manager, Mrs Emsley.

Please note that that the number of places available on the trip is limited and allocation will be on a first come, first served basis. To secure your son/daughter's place, please complete the attached reply slip, and return it to Student Support by Wednesday 24 February 2016, together with a non-refundable deposit of £150.00 to be paid via Wisepay. Alternatively, you may pay for the trip in full.

A second letter confirming your son/daughter's place will follow once places on the trip have been allocated, however please note that your son/daughter's behaviour points will be taken into consideration during the allocation process. I will also confirm details of the trip information meeting.

Students will need to have their own individual passports and EHIC cards and they would need to ensure that they take these with them on the trip. The trip will involve an early start time of 5.00am to ensure that we arrive in good time at Folkestone to catch the Eurotunnel to Calais.

Details of the trip are as follows:

Day 1

05:00 Leave the Academy for Folkstone
07:30 Arrive in Folkestone
08:20 Eurotunnel crossing
10:00 Arrive in Calais
18:30 Arrive at Futuroscope Theme Park, Poitiers
Check-in to accommodation in time for evening meal
Evening activity at the accommodation centre

Day 2

Full day to be spent in Futuroscope Theme Park
Evening meal at accommodation centre
Evening activity at the centre

Principal: Peter Midwinter
Sir Robert Woodard Academy
Upper Boundstone Lane
Lancing
West Sussex
BN15 9QZ
Tel: 01903 767434
Fax: 01903 875570
Email: enquiries@srwa.woodard.co.uk
Web: www.srwa.woodard.co.uk



Day 3

Breakfast

08:00 Depart and head to Perpignan, France

16:00 Arrive in Perpignan

Check-in to accommodation centre

Rest of the evening to be spent exploring the town on foot

Day 4

Breakfast

Drive to Céret

Group to explore Céret, France

Drive to Roses, Spain

Lunch in a local restaurant/time to explore Roses

Drive to Barcelona

Check-in to accommodation in time for evening meal

Evening activity at the centre

Day 5

Breakfast

(Full day to be spent exploring Barcelona on foot or public transport - coach not in use)

Group to visit the Picasso Museum (free of charge for under 16s)

Group to have lunch in a local restaurant

Rest of the afternoon to be spent exploring Barcelona

Evening meal in a local restaurant

21:00 Depart and head back to Calais

Day 6

15:00 Arrive in Calais

15:50 Eurotunnel crossing

15:30 Arrive in Folkestone

18:00 Arrive back at the Academy

If you have any further questions regarding this trip, please do not hesitate to contact me.

Yours faithfully



Mrs T Ncube
Subject Leader Modern Foreign Languages

Reply Slip

Please return to Mrs T Ncube via Student Support by Wednesday 24 February 2016

TRIP TO POITIERS, PERPIGNAN AND CÉRET IN FRANCE - ROSES AND BARCELONA IN SPAIN - MONDAY 18 JULY TO SATURDAY 23 JULY 2016

Student Name _____ **Tutor Group** _____

- I would like to reserve a place for my son/daughter on the trip, as detailed in the attached letter.
- I have paid the deposit of £150.00 on WisePay. (This will be refunded if your son/daughter has not secured a place on the trip)
- My son/daughter has a passport.

I understand that the maximum cost will be £600.00 and that the following payments will need to be made on and before the dates outlined below, or paid in full:

	Payment	To be paid by
Payment 1 (Deposit)	£150 (Non-returnable)	24/02/16
Payment 2	£100	31/03/16
Payment 3	£100	29/04/16
Payment 4	£100	31/05/16
Payment 5	£150	30/06/16

Signed: _____ **Date:** _____

Medical Information

Does your child suffer from:

Asthma, Travel Sickness, Migraine, Allergies (Penicillin or other drugs / insect bites / food / nuts etc.), Epilepsy, Diabetes, Eczema, on regular medication, past injuries which may still be relevant (please circle as appropriate).

Other (please state) _____

Should the necessity arise, in an emergency, I agree to the person in charge of the party giving consent on my behalf, and on the firm advice of a doctor, for an anaesthetic to be administered or for any other URGENT treatment to be given.

Signed: _____ Parent/Carer

Address: _____

Home Tel. No: _____

Emergency Contact. No: _____

Date: _____