

23 May 2018



Dear Parent/Carer

YEAR 8/9/10 - BERLIN HISTORY TOUR 22-25 OCTOBER 2018

We are excited to be proposing a school tour to Berlin to support our curriculum plans for History students and to enhance learning experiences within the school. Berlin is a central scene in over 50% of the GCSE History curriculum and this trip hopes to bring those parts of the syllabus to life. Here are the key details about the planned trip:

- The trip will be for four days and three nights. We depart on 22 October 2018 and return on 25 October 2018.
- The purpose of the trip is to explore the city at the heart of their GCSE Germany Unit.
- The **provisional cost is £380** per student (dependent upon 40 students attending the trip).
- This price includes:
 - * Return executive coach travel to the airport and coach travel whilst in Berlin
 - * Return flights
 - * Entrance fees to museums and activities
 - * Accommodation at the Citylight Hotel in Berlin (Half-Board)
 - * Group travel insurance
 - * NST 24hr emergency contact service whilst on tour
- The adults accompanying the group will be to a ratio of 10:1.

In addition to the tour cost, we recommend that your child has around £50 spending money for lunches. They will also require a current and valid passport and a EHIC card.

To secure a place for your son/daughter on this trip, a non-refundable deposit of **£150.00 is required to be paid via WisePay by 30 May 2018**. Please complete the attached reply slip and return it by 4 June. A further payment of £115.00 is required by 28 June 2018, followed by a final payment of £115.00 by 26 July 2018. Interim payments can be made between the dates outlined above or it can all be paid at once. All payments must be made via WisePay as usual. Any student in receipt of Pupil Premium may be entitled to financial support. Please contact Ms Georgina Emsley at gemsley@srwa.woodard.co.uk to enquire about this. Please note that the Academy is acting as an agent for buying the trip, and as such will be entering into a financial agreement that is non-refundable.

The trip is being booked through NST Travel, the UK's leading educational travel company for schools with more than 45 years' experience. They work closely with us during the whole tour planning process to ensure that your child will get the very best learning experience whilst away.

If you have any questions about the trip, please do not hesitate to contact Mr Lowe at slowe@srwa.woodard.co.uk

Yours faithfully

Mr S Lowe
Mandela Chapter Leader



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Reply Slip



Please return this slip to Mr S Lowe in the Mandela Chapter Office by 4 June 2018

BERLIN HISTORY TOUR 22-25 OCTOBER 2018

Student's Name: _____ **Year/Tutor:** _____

- I wish to reserve a place for my child on the Berlin History Tour from 22-25 October 2018, and have paid the non-refundable deposit of £150.00, as detailed in the attached letter.
- I have previously paid the £150.00 deposit and confirm my interest in this trip with the revised dates, as detailed in the attached letter.

Should my child be allocated a place on this trip, I agree to pay a non-refundable deposit of £150.00 by 30 May and the payment instalments as detailed below via WisePay, the total cost is £380.00 per student:

| | Payment Instalment | To be paid by |
|------------------|---------------------------|----------------------|
| Deposit | £150.00 | 30 May 2018 |
| Payment 1 | £115.00 | 28 June 2018 |
| Payment 2 | £115.00 | 26 July 2018 |

Signed: _____ **Parent/Carer**

Print Name: _____

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: _____