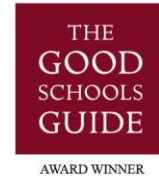




Headteacher: **Mr J Grant**
Sackville School, Lewes Road, East Grinstead,
West Sussex RH19 3TY
Tel: 01342 410140 Fax: 01342 315544
Email: secretary@sackville.w-sussex.sch.uk
www.sackville.w-sussex.sch.uk



September 2016

Dear Parent/Carer

Ski Trip To USA Friday 17th February – Friday 24th February 2017

As you are aware we are getting closer to the ski trip departure date. Over the next term it is really important to ensure your child has everything in place to allow your child entry into the USA. One of the requirements by the US Government for a visit to the USA is an ESTA and your child must be in possession of one to be able to enter the USA. **Your child's passport must also have a validity of six months beyond the return date.**

An ESTA can be applied for at the following website and costs US\$14.00:

<https://esta.cbp.dhs.gov>

Your child will also need to be in possession of the new biometric passport or entry to the US will be refused. It is **YOUR** responsibility to ensure that your child holds the correct style passport and has an ESTA.

A copy of the ESTA and the page in your child's passport giving personal details should be with the school by Friday 16th December. If your child already holds an ESTA please send in a copy. These documents should be given to Mrs Wogan in the LRC.

Attached is a parental consent form and this should be returned, also to Mrs Wogan, by Friday 7th October. Please indicate in the relevant box whether your child will be skiing or snowboarding. A minimum of 8 students is required to do snowboarding instead of skiing. Please note that by ticking this box it is no guarantee that your child will be doing snowboarding.

Yours sincerely

Mr K Treen
Ski trip party leader





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SACKVILLE SCHOOL PARENTAL CONSENT FORM

A trip to the USA, 17th – 24th February 2017

I wish my child _____ (Full name of child in capitals please)

to be allowed to take part in the above-mentioned school journeys and having read the information sheet, agree to his/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my child arising during or out of the journey.

Please delete and complete the following as is appropriate.	Date of Birth:
My child has no illness, allergy or physical disability *	Name of own doctor:
The following illness, allergy or physical disability*	Doctor's address:
*cross out which does not apply	Doctor's telephone No:

which necessitates the following medical treatment

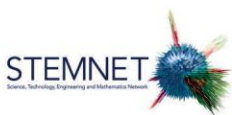
I consent to staff administering paracetamol/ibuprofen if required

I consent to any emergency medical treatment necessary during the course of the visit.

Address Home _____ Work _____

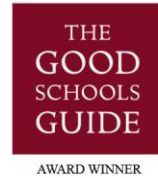
Telephone No: _____ email: _____

Mobile No: _____





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If not available at the above, please state an alternative contact.

Name _____ Telephone No: _____ Mobile No: _____

Signed _____ Print Name: _____ Date _____
Parent/Carer

Note: Photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for normal publicity purposes including publication on the school's website please tick box.

My son/daughter does/does not have dietary requirements (please delete as appropriate).

If yes please specify

My child would like to go snowboarding instead of skiing (please tick box)

