



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



November 2019

Dear Parent/Carer

**Year 10 History Educational Visit to Berlin
Thursday 27th February 2020 to Sunday 1st March 2020**

Thank you for the existing payments that have been made towards this trip. It's now important that the full balance is paid as soon as possible.

The travel company requires student passport details for booking purposes; therefore, we are asking that students bring in their passport and their EHIC card to the LRC to be checked by Mrs J Wogan no later than Tuesday 10th December 2019. Student passports must have at least six months validity from the date of travel. Please note that Mrs Wogan's working days are Monday to Thursday. Passports will be returned immediately to students.

We will also be asking that students bring in their passports two weeks before our departure to be kept in the school safe. Please do let us know if this will pose a problem.

Should the use of EHIC cards change in light of Brexit we will inform you of any amendments that may affect our travels.

In addition, please complete the attached medical form including specific details of any dietary requirements and return to the history department by Tuesday 10th December 2019.

We are looking forward to having an enjoyable and informative trip.

Yours sincerely

Ms A Vance
Leader of Trip



SACKVILLE SCHOOL PARENTAL CONSENT FORM

**Year 10 History Educational Visit to Berlin
Thursday 27th February 2020 to Sunday 1st March 2020**

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.

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

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.

AddressHome	Work
_____	_____
_____	_____
_____	_____

Telephone No: _____ email: _____

Mobile No: _____

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 _____
