

Year 9 Curriculum Enrichment Week Residential Trip Form

Return to the box marked 'Year 9 Curriculum Enrichment Week' outside the Finance Office by Wednesday 19th October

Pupil's Surname:

Pupil's Forenames:.....

Form

I would like my son/daughter to participate in the PGL trip during Curriculum Enrichment Week 2012

I am/am not* prepared to make the contribution requested (**Please delete as applicable*)

Please tick the appropriate box:

- I enclose £50 as an initial non-refundable deposit. I undertake to make full payment by the given deadlines.
- I have made payment online (NB: You must also return this form to school)

I understand that the deposit is forwarded to the travel company and may not be refundable.

I agree to his/her taking part in the activities described. I also consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of the journey. I understand that for the school's insurance policy to cover any pre-existing medical condition, I must provide a letter from my GP stating my son/daughter is fit to travel.

Emergency contact/medical details. Please tick either box A or B.

- A I confirm that all details held by the school on the gold form concerning emergency contact telephone numbers and/or medical conditions affecting my son/daughter are correct, or that I have already notified the school of any changes.
- B Please note the following change(s) to the above details, which is/are
 - for this visit only permanent.

Signed Father/Mother/Legal Guardian Date