



14<sup>th</sup> June 2018

Dear Parent/Carer,

We are proposing to organise a language learning visit to Madrid, in Spain for the next academic year. It is proposed that the 5-day/4-night visit will leave on the **Monday, 25<sup>th</sup> February 2019** and return to school on **Saturday, 1<sup>st</sup> March 2019**. Please note that this is the full week of February half-term. The trip is organised through Diverse School Travel.

**The trip itinerary presents many cultural experiences for our students to immerse themselves in Spanish and the culture of Madrid, and includes:**

- two three-hour language lessons
- guided walking tour of Madrid
- a visit to the Mercado de San Miguel (gastronomic market)
- visits to the main museums in Madrid; Prado and the National Centre for Art
- a trip to the Almudena cathedral
- time in two of the parks, one which mimics the Garden of Versailles
- a stadium experience to the iconic 'Sanitaigo Bernabeu', home of the legendary 'Real Madrid' football club
- a visit to the Chocolatería San Gines, well-known for their 'churros'
- a flamenco workshop, students will participate in this highly expressive traditional Spanish dance
- a Spanish cooking class

The cost of the trip includes breakfast, lunch and dinner whilst in Madrid, coach travel to and from Bristol airport, flights from Bristol to Madrid and coach transfer in Spain.

I feel that the visit represents an excellent opportunity for students who have chosen to study Spanish for GCSE to develop their spoken skills and also to gain a better understanding of some of the culture behind Madrid. I will expect students to participate fully throughout by using Spanish and to show a respectful manner at all times whilst on this visit.

The cost of the trip is **£550** if 40 students participate.



**The price of the trip includes the itinerary above and the following:**

- Coach travel in the UK and Spain; flights from Bristol to Madrid with EasyJet
- 4 night's accommodation in a hostel in the centre of Madrid
- Insurance cover
- All meals from dinner on the Monday to lunch on the Friday

**Not included in the price:**

- The price for luggage in the hold (approx. £52pp)
- A hoodie (approx. £20pp)

Due to limits with budget airlines, places on the trip will be limited to 40 pupils and will be drawn from a ballot after break has finished. Due to the nature of a foreign visit student behaviour will be monitored and students may be prevented from travelling if thought necessary.

**If your child wishes to participate you will need to supply the following:**

**1. Four completed consent forms (attached):**

- Consent forms (School and Monmouthshire forms)
- Medical forms
- Advanced Passenger Form. (If your child does not currently have a passport this does not preclude them from this trip. Please submit this form before travel.)

2. **Deposit**, this is the first trip instalment of £100.00. If there is insufficient interest and the trip cannot be confirmed, then your deposit will be returned and the trip will not go ahead.

If your child wishes to participate a **£100 non-refundable deposit** will be required. Please note once 40 students book onto the trip; the trip will then be designated as 'going ahead' and all deposits then become non-refundable. As with all trips, should your child withdraw at short notice from the trip it may not be possible to refund any of the additional payments that have been made



to date. There will be six payment collections that will need to be met and these are due by the dates given in the payment schedule below.:

**Monday 27<sup>th</sup> June 2018 - £100 (non-returnable deposit)**

**Monday 23<sup>rd</sup> July 2018 £50**

**Monday 10<sup>th</sup> September 2018 - £100**

**Monday 15<sup>th</sup> October 2018 -£100**

**Monday 5<sup>th</sup> November 2018- £1000**

**Monday 3<sup>rd</sup> December 2018 - £100**

The non-refundable deposit can be brought to reception at break-times up to Monday 2<sup>nd</sup> July 2018. Monies and consent forms should be sent into school in an envelope with your child’s name and form clearly identified. Payment will be collected at break time in reception. Monies will not be collected at any other time. Please make cheques available to Chepstow School.

All children will require a **Passport and EHIC Healthcard** to be able to travel. (They will not be able to travel without this). It is free to apply for an EHIC card.

If you would like any further information, please do not hesitate to contact me at any time.

Yours sincerely,

Mr Andrew Bringhurst  
Curriculum Leader Languages

**Consent Form – Please return this form**

I wish my son/daughter .....Form.....

to take part in the Languages Department visit to Madrid on Monday 25<sup>th</sup> February to Friday 1<sup>st</sup> March 2019. I accept that this is a **firm** booking for my child and that **I am responsible for paying the full cost, or for finding a replacement should I wish to withdraw at a later date.**



- a. I agree to provide a **passport** for my child
- b. I agree to provide my child with an authorised **EHIC Healthcare card**
- c. I am willing to contribute **£550** towards the cost of the visit (including a £100 non-refundable deposit)
- d. I authorise the organiser to act on my behalf in an emergency and to sign on my behalf any consent forms required by medical authorities if they know it would not be advisable to wait for my own signature
- e. I have read the information about the proposed visit and I agree to my child taking part. I declare my child fit enough to undertake the activities.
- f. I will notify the organiser of any ailment, allergy or condition which requires the attention of the organiser
- g. I accept that it may be necessary to accommodate my child in a double room should insufficient twin rooms be available.
- h. I will emphasise and inform my child that they must adhere to the code of conduct.

Please complete the following details. These will remain confidential but are necessary to complete County and National Assembly guidelines and documentation.

**Child's full name:** .....

**Place of Birth:** .....

**Date of Birth:** .....

**Next of Kin's full name:** .....

**Address:** .....

.....

**Postcode:** .....



**Emergency Telephone number and contact name: .....**

.....

**Alternative Emergency telephone number and contact name:.....**

.....

**Nationality.....**

**Passport number .....**

**Passport issue date.....Passport expiry date.....**

**EHIC ID Number .....Expiry date .....**

**Signature of parent/carer.....**

**Date .....**



## **Parental Medical Consent Form**

**Journey / Visit to:** ..... **Date/s:** .....

Name ..... Form ..... Date of Birth .....  
(*First name and Surname only – as shown on passport*)

Address .....  
..... Postcode ..... Telephone No .....

Name of Family Doctor .....

Address .....

..... Telephone No .....

Date of last anti-tetanus injection .....

Does your son / daughter suffer from any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details  
.....  
.....

Has your son / daughter recently suffered with or been in contact with any contagious or infectious diseases? YES/NO

If YES, please give brief details  
.....  
.....

Does your son / daughter have any special dietary requirement? YES/NO

If YES, please give brief details  
.....



.....  
I undertake to inform the co-ordinator / teacher-in-charge as soon as possible of any change in the medical circumstances between the date signed and the commencement of the journey.

**Declaration**

1. I would like my child to take part in the specified visit and having read the information provided, agree to him / her taking part in the activities described.
2. I agree to my son / daughter receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present during the course of the visit. I have familiarised myself with the contents of the school's travel insurance policy (which can be found at the bottom of our school website page INSURED BY ACE EUROPE).
3. I confirm that my child is in good health and I consider him / her fit to participate.

Signed: .....

**Signature of Parent or person with parental responsibility**

Name: (in capital letters) .....

Relationship to child .....

Telephone No      Home .....      Work .....

Alternative name, address and telephone number to be contacted in an emergency and the relationship (e.g. grandparents, aunt, friend of the family etc.)

.....  
.....



*This form or a copy must be given to the leader of the activity and during school holidays a copy should be retained by the school contact*

Trip	<b>Madrid – GCSE Spanish Language and Culture visit</b>
Date	<b>Monday 25<sup>th</sup> February – Friday 1<sup>st</sup> March 2019</b>
<b><u>API – Advance Passenger Information Form</u></b>	
1	<u>FULL NAME AS APPEARS ON PASSPORT: (Given name(s) plus surname)</u>
2	<u>Date of Birth</u>
3	<u>Passport number</u>
4	<u>Nationality</u>



5	<u>Country of issue</u>
6	<u>Country of Residence</u>
7	<u>Date of Issue</u>
8	<u>Date of expiry</u>



**Parent/Carer Consent**  
**Non-Routine (One-Off or Occasional) Off-Site Visits**

**School/Establishment:** CHEPSTOW SCHOOL

**Visit/Activity:** Madrid February 2019

Venue: .....

Your Child's Name: ..... Form/Class (if relevant) .....

**Medical and Dietary:**

a) Does your child have any medical, physical or behavioural condition that may affect him/her during the visit? YES / NO

If YES, please give details (including medication taken and times):

.....

b) Please give details of any allergies (including allergy to medication):

.....

c) Please list any types of non-prescription medication or lotions your child may not be given:

.....

d) Please give details of any special dietary requirements for your child:

.....

e) Please detail any recent illness or accident suffered by your child that staff should be aware of:

.....

f) To the best of your knowledge, has your child been in contact with any contagious or infectious disease or suffered from anything in the last four weeks that may be contagious or infectious?  
YES/NO



If YES, please give brief details:

.....  
.....

g) When did your child last have a tetanus injection? .....

h) Please indicate your child's swimming ability:

- Cannot swim
- Able to swim a little in a swimming pool
- Able to swim confidently in a swimming pool
- Able to swim confidently outdoors (e.g. in a lake, river or sea)

**Your Contact Details:**

Telephone: Home: ..... Work: ..... Mobile: .....

Home Address:

.....  
.....

**Alternative Emergency Contact:**

Name: ..... Telephone: .....

Address:

.....  
.....

**Family Doctor:**

Name: ..... Telephone: .....

Address:

.....

**Declaration:**

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.



- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.
- In an emergency I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that the school/establishment may use activity images for promotional or publicity purposes.
- The LA provides a personal accident and travel insurance policy for all pupils whilst participating in organised visits.

**Full Name of Parent/Carer (PLEASE PRINT):** .....

**Signed:** ..... **Date:** .....

**TO BE COMPLETED BY PARTICIPANT:**

I understand that for the safety of the group and myself I will obey the rules and instructions of members of staff.

**Signed:** ..... **Date:** .....