



Church of England School
Headteacher: Mr A J Wilcock MA (Cantab)

28th January 2016

Dear Parent/Carer

French Exchange

We are delighted to inform you that your son/daughter is being offered a place on the French Exchange 2016. In order for this place to be secured, we are asking for payment according to the schedule below.

The final cost for the trip will be **£285** per student. The payment schedule is as follows:

- Non-refundable deposit (to secure transport): **£100 due by Friday 26th February**
- 1st instalment: **£95 due by Friday 18th March**
- 2nd Instalment: **£90 due Friday 8th April**

Thank you in advance for your prompt payment and for your support of the French Exchange which will be a valuable and memorable experience for your child.

Please note that the French students will be with us on Tuesday 18th April and will be leaving on Sunday 24th April. There will be a meeting prior to this to inform you of their programme and also to give you information about our own trip to France. You will receive a letter about exact dates for this in due course.

Payments should be made via ParentPay, please select 'French Exchange 2015-2016'. If you have any concerns regarding ParentPay please contact Mrs Ruttle in the School Office on 01895 671050 or email parentpay@bishopramseyschool.org

If you are no longer interested in the exchange, please contact me immediately so that your child's place can be offered to another student on the current waiting list.

Please also sign the attached slip and return it **to me (Miss Hofmann)**.

Yours faithfully

Miss E.A. Hofmann

Miss E Hofmann
Modern Foreign Languages Faculty



FRENCH EXCHANGE MAY 2016

PLEASE RETURN TO MISS HOFMANN AS SOON AS POSSIBLE

Student's Name: _____ Form: _____

I agree to make the required payments as outlined in the payment schedule.

I have checked my son/daughter's medical details on Parent Portal and confirm that the details are correct and up-to-date. I agree to inform you of any changes between now and the exchange

In addition to the above please indicate below any conditions medical or otherwise you feel we should be aware of

I consent to my son/daughter being given a mild painkiller (eg. Paracetamol) if considered necessary by the Party Leader.

I give my permission for my son/daughter to receive medical treatment in an emergency situation if as parent/carer cannot be contacted

I understand that if my son/daughter's behaviour in school is not acceptable then he/she may be withdrawn from the trip and any monies paid to that date will not be refunded.

Signed: _____ Name: _____
(parent/carer)

Date: _____