



June 2012

*SM/JS*

Dear VI form student

The Economics and Business Studies Department and the Sixth form are organising a visit to Disneyland Paris in February 2013. We will depart Sunday 10<sup>th</sup> February and return on Wednesday 13<sup>th</sup> February. We will be travelling by coach to Paris using the Euro Tunnel or Ferry and I will advise you of timings as soon as they have been confirmed. In previous years parents have asked for deposit requests as early as possible, hence this letter, the online payment system will be open immediately after results day 16<sup>th</sup> August.

Payment Procedures - We ask you to use the on-line payment system to pay for this particular Trip/activity if possible.

If you have an online account, please proceed as normal.

If you have not previously created an online account please email [onlinepayments@st-crispins.wokingham.sch.uk](mailto:onlinepayments@st-crispins.wokingham.sch.uk) to request a Pupil Link Code and a list of instructions.

If you choose to pay by cheque please ensure that the student's name, form and the name of the Trip/Activity are clearly written on the back of the cheque, which should be made payable to '*St Crispin's School*'.

If paying by cash it must be in a sealed envelope with the students name, form, amount enclosed, Trip/Activity clearly written on the outside.

This trip is an optional visit and the school asks that the payment is made as a voluntary contribution to cover the cost. In the event that we are unable to cover the costs the trip may have to be cancelled. If you are experiencing difficulty in paying for this visit a written request for support should be submitted to the school business manager. In the event that the visit is oversubscribed names will be drawn from a hat from all those that have replied by the deadline. Parents are responsible for the prompt collection/return home of students after the visit.

Please be aware that your emergency contact details are uploaded to a password protected website so that a member of the Senior Leadership Team or Local Authority can access information in the event of an emergency. These details include only names and telephone numbers submitted on your Broadmoor form. If you do not want your details stored in this way please notify the school.

The company organising our trip is Study Experiences who have been organising educational trips for many years. The trip will include the following features:

- Three nights' accommodation at Disney Land Paris
- Continental Breakfasts

- Admission pass to Disneyland Paris and Disney Studios
- Three Business Studies seminars based upon assignment topics (Business Studies students only)
- Buffalo Bill's Wild West show – provides entertainment and food on first night.
- Travel
- Insurance

The cost of the trip will be £305 (based on the number of bookings) and I ask for a deposit of £105 to reserve your son/daughters place. **Deposits are not refundable.** We would be grateful to receive all deposits by 21<sup>st</sup> September. Any student experiencing financial difficulties should contact me directly. Further payments will be due by:

<i>31<sup>st</sup> October</i>	<i>£100</i>
<i>30<sup>th</sup> November</i>	<i>£100</i>

Students will need their own passports which must be valid for at least six months from the departure date. Non-EU passport holders should check visa arrangements with the relevant embassy and inform me as soon as possible. Students will also need a European Health Insurance Card (EHIC), this is the replacement for the E111 and is available from the Department of Health Website.

If you would like any further information please contact me.

Yours sincerely

Mr. S. Matthews

**To: Mr S Matthews**  
**Re: Disneyland, Paris trip – February 2013**

Student: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

Emergency Telephone Number for day of visit: \_\_\_\_\_

On date of visit will your child be requiring any medication? If so, please give details.

\_\_\_\_\_  
*(please include EpiPen, Asthma Inhaler, etc.)*

Any other medical condition which may affect your child's performance/safety on this activity.

\_\_\_\_\_  
Family Doctor's Name and Telephone Number for emergency purposes only: \_\_\_\_\_

\_\_\_\_\_  
I agree to staff on the visit/activity giving permission for my child to have any medical treatment that the medical authorities think necessary. I undertake to inform the school of any changes in my child's fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed. I understand parents are responsible for the prompt collection/return home of students after the visit'.

Does your child have any specific dietary requirements. \_\_\_\_\_

\_\_\_\_\_  
I would like to reserve a place for my son/daughter on the Disneyland, Paris trip. Parents are responsible for the prompt collection/return home of students after the visit.

Please tick method of payment:-

I have paid by Credit/Debit Card

I enclose a cheque payable to "St Crispin's School" for £105 with the student's name, form and year and Trip to Disneyland, Paris on the reverse.

I enclose cash £105 in a sealed envelope with student's name, form and year and Trip to Disneyland, Paris on the outside.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_