

Wycombe High School

25 November 2011

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Dear Parent

Years 9, 10 and 12 French Homestay, Friday 13 - Tuesday 17 July 2012

We are delighted to inform you that your daughter's application for the French Homestay has been successful and enclose further details regarding the visit which we hope you will find helpful.

Dates Friday 13 - Tuesday 17 July 2012.

Tour Company Ardmore, ABTA No V5925.

Accommodation With one or two other Wycombe High School students, staying with a French family in a location near Paris.

Travel arrangements By coach and ferry.

Passport Your daughter must have her own passport. It must have six months to run from the date of our departure. If your daughter requires a new passport please allow plenty of time for her application to be processed and notify us of the new number and expiry date well in advance of our date of departure.

Please be aware that no refunds can be made if your daughter is unable to travel due to an irregularity with her passport.

Visa If your daughter holds a non-EU passport she may require a visa. It is your responsibility to find out if this is necessary and to obtain one if required; the website www.ukpa.gov.uk is a useful source of information.

Itinerary (subject to alteration) Three full day visits

- One full day excursion will include visiting an art gallery, either the Rodin Museum or The Louvre, the Champs Elysées, the Arc de Triomphe (exterior), La Concorde, Sacré Coeur, Place du Tertre and Montmartre
- A further day excursion will include a Bateau Mouche trip, Notre Dame and the Ile de la Cité, and the Eiffel Tower (3rd level)
- A full day excursion to Disneyland Paris.

Future Payments

The total cost of the visit is expected to be £412, which leaves a balance of £312 per student to be paid. As stated in our initial letter, please be aware that currency fluctuations could have an impact on the total cost. We would encourage you to pay using ParentPay (www.parentpay.com), our online payment system. You can make two instalments as follows:

1. £150 by **Wednesday 11 January** using payment service 'French Homestay second instalment'
2. £162 by **Friday 9 March** using payment service 'French Homestay final payment'.

Alternatively please send in two post-dated cheques made payable to 'Wycombe High School Fund', in an envelope, to the Finance Office by **Friday 9 December**; these will be processed on the relevant dates. Please date the cheques as follows:

1. A cheque for £150 dated **Wednesday 11 January**
2. A cheque for £162 dated **Friday 9 March**

Please write your daughter's name, tutor group, learning / year group and 'French Homestay' on the back of the cheques and on the envelope.

We would also like to take this opportunity to remind you of European Health Insurance Card (EHIC) requirements.

European Health Insurance Card (EHIC)

The cost of the visit includes insurance provided by the tour operator. Your daughter will also require a European Health Insurance Card (EHIC). This can be obtained by calling 0845 606 2030; via the website www.dh.gov.uk/en/Healthcare/Healthadvicefortravellers/index.htm; or by collecting an application form from the Post Office. You should allow two weeks for an application to be processed.

Please return the attached reply slip to the Finance Office by **Friday 9 December**. Please also enclose the following documentation with the reply slip:

- the student registration form
- the medical declaration form
- a photocopy of the photo page of your daughter's passport
- a photocopy of her EHIC card.

Finally, we will be holding an Information Evening for parents and students on **Wednesday 27 June** from 6.00 – 7.00 pm to provide more detailed information relating to our itinerary and for you to check / complete any pre-visit administration to ensure that we have accurate and up-to-date information for your daughter. In the meantime, if you have any questions concerning the visit please do not hesitate to contact Ms Edmunds.

Yours sincerely



Ms Jane Edmunds
Visit Organiser, Lead Practitioner



Mrs Sally Jarrett
Deputy Headteacher

Years 9, 10 and 12 French Homestay

Student's Name: _____ Tutor Group: _____ Learning / Year Group _____

I have read your letter dated 25 November and would like my daughter to take part in the French Homestay.

I enclose a completed School student registration form

I enclose a completed Ardmore student registration form

I enclose a completed medical declaration form

I enclose a photocopy of the photo page of my daughter's passport / to follow*

I enclose a photocopy of my daughter's EHIC card / to follow*

* delete as applicable

I understand that the final cost of the French Visit is expected to be £412

I will be making further payments via ParentPay. I understand payments must be received by 11 January and 9 March using the correct payment service 'French Homestay'.

or

I enclose two post-dated cheques as follows:-

1. A cheque for £150 dated **Wednesday 11 January 2012**
2. A cheque for £162 dated **Friday 9 March 2012**

Parent's signature: _____ Date: _____

STUDENT REGISTRATION FORM

**Years 9, 10 and 12 French Homestay,
Friday 13 – Tuesday 17 July 2012**

Student's Name: _____ Tutor Group: _____ Learning / Year Group: _____

Full Name of Student:
(as it appears / will appear on her passport) _____

Date of Birth: _____ Age on 13 July 2012: _____ yrs _____ mths

Home Address: _____

Postcode: _____

Home Telephone No.: _____ Parent Email: _____

Passport No.: _____ Expiry Date: _____

Country of Issue: _____ Nationality: _____

EHIC No (if known): _____ Expiry Date: _____

Please return to the Finance Office by Friday 9 December



STUDENT APPLICATION FORM

FIRST NAME SURNAME

DATE OF BIRTH AGE IN YEARS

NATIONALITY MALE FEMALE

NAME OF PARENTS OR GUARDIANS

ADDRESS STREET

TOWN COUNTY

POSTCODE TEL NO

DIETARY/ALLERGIES

DISLIKES (Pets, Food)

MEDICAL INFORMATION

IMPORTANT - for students with asthma, please list allergens which may trigger an attack (e.g. animal fur, cigarette smoke, certain foods etc)

I HEREBY GIVE PERMISSION FOR MY CHILD TO TAKE PART IN THE SCHOOL VISIT TO

DESTINATION DATES

SIGNED DATED

NAME OF SCHOOL

IF POSSIBLE MY CHILD WOULD LIKE TO SHARE WITH

PLEASE RETURN SIGNED FORM TO YOUR PARTY LEADER WITH A PASSPORT SIZE PHOTOGRAPH AND THE REQUIRED DEPOSIT. PLEASE NOTE THIS DEPOSIT IS NON REFUNDABLE IF YOUR CHILD WITHDRAWS FROM THE VISIT BUT MAY BE COVERED UNDER MEDICAL REASONS WITHIN THE INCLUSIVE INSURANCE COVER.

Medical Information

Student's Name: _____ Tutor Group: _____ Learning / Year Group: _____ Date of Birth: ___ / ___ / ___

Does your daughter suffer from any condition requiring medical treatment? Yes No

If yes, please give details: _____

Is your daughter allergic to any medication?

If yes, please give details: _____

Has your daughter received a tetanus injection in the last five years?

Has your daughter received relevant inoculations?

Does your daughter have any specific dietary requirements?

If yes, please give details: _____

I will inform the Visit Leader as soon as possible if there are any changes in medical circumstances between now and the commencement of the visit.

_____ (Parent's signature) ___ / ___ / ___ (today's date)