

# PRINCE HENRY'S HIGH SCHOOL

An "Outstanding" Academy for Students aged 13-18  
Headteacher: Dr A A L Evans BSc(Hons), PhD



September 2018

Dear Parents (s)/Guardian(s)

## Barcelona March 2019

Prince Henry's is pleased to be able to offer an exciting opportunity to visit Spain during the spring term. We will be spending four days in and around Barcelona. The trip will leave school on **Thursday, 7th March** and will return on the morning of **Monday, 11th March**.

This is not a compulsory part of the course but obviously would help bring Spanish to life. The visit will provide students with an excellent opportunity to experience the culture and put the language they are learning to use.

The total cost of the trip is **£575** per student. This cost includes: All transport; accommodation; all meals; all ticket entry to excursions; fully comprehensive travel insurance. We will be staying in a hotel in Barcelona and visiting many of the key sites in and around Barcelona. Among the places we will be visiting are Monsterrat, Port Aventura, the Ramblas, the Olympic stadium and the Sagrada Familia cathedral. Students will also be attending a language lesson each morning before the excursions.

There are 30 available spaces for this trip. Therefore, to make it as fair as possible the names of students who hand in permission slips and deposits will be drawn at random from a ballot. If you wish your child to be considered for the trip please return the permission slip with a **non-refundable deposit of £100**. The deadline to return permission slips is **Thursday 25th October 2018**. If your child is not selected your deposit will be returned.

To make it easier and quicker to refund students not attending, we will only accept cheques or cash for the deposit. Please hand the forms and deposits to the Finance Desk on the concourse between 8.45 am and 9.15 am.

Please note that your son/daughter will need to have a valid passport and European Health Insurance Card (EHIC) to travel. Therefore, if they wish to travel, please apply for this as soon as possible. If there is any other information that you feel should be passed on at this point e.g. serious health issues about which we would need to notify the Insurance Company please let us know on the back of this form.

If you have questions regarding the trip please do not hesitate to contact me.

Yours sincerely,

**Mrs M Sherman**  
**MFL Department**  
**MS.LS.Ltr.Barcelona.March2019**

Victoria Avenue, Evesham, Worcestershire WR11 4QH

t: 01386 765588 • f: 01386 40760 • e: [enquiries@princehenrys.worcs.sch.uk](mailto:enquiries@princehenrys.worcs.sch.uk) • [www.princehenrys.worcs.sch.uk](http://www.princehenrys.worcs.sch.uk)

The Prince Henry's High School Academy Trust trading as Prince Henry's High School, registered as a company in England and Wales at the above address. Reg No 07512962

**Working in collaboration with Bredon Hill and St Egwin's Middle Schools**

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## BARCELONA

**This reply slip must be returned by Thursday 25<sup>th</sup> October 2018 to the money collection point on the concourse.**

Pupil's Full Name (*as on Passport*).....

Form.....

Date of Birth..... Nationality (on passport) .....

I have my own Passport **which has at least 6 months before expiry upon date of travel.**

Passport number: .....

Date passport issued: ..... Date passport expired: .....

I will be applying for my own Passport.

I enclose a £100 deposit which I understand is **non-refundable** once places are allocated.

Cash  Cheque

Signed:

.....

*Parent/Guardian*

*Print Name in Block Capitals please.*

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## EDUCATIONAL VISITS – PARENTAL CONSENT FORM

Student: .....

Form: .....

I agree that my son/daughter may take part in the educational visit organised by the school

**7<sup>th</sup> – 11<sup>th</sup> March 2019**

To take place on .....

### **Barcelona March 2019**

At.....

Signed: .....  
(Parent/Guardian)

Date: .....

1. Pupils are insured against personal accident through the School's Insurers. A detailed copy of the policy outlining benefits is available on request from the School Office.
2. The Governors accept no responsibility for accidents or injury to pupils, or for loss or damage of personal effects, unless the cause is the negligence of the school or any member of its staff.
3. Parents are advised, wherever possible, to give the school a telephone number at which they can be contacted in case of emergency, in particular when urgent medical treatment may be necessary. Parents who are willing to allow urgent medical or dental treatment to be given to their children when necessary should sign below.

### **Emergency Contact Number for duration of visit (preferably two)**

1st) Name of Contact .....Telephone No: .....

2nd) Name of Contact .....Telephone No: .....

I AGREE that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed: .....  
(Parent/Guardian)

Date: .....

If you have any medical information which you think the Party Leader should be aware of please give details.

.....

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