

PRINCE HENRY'S HIGH SCHOOL

An "Outstanding" Academy for Students aged 13-18

Headteacher: Dr A A L Evans BSc(Hons), PhD



June 2022

Dear Parent(s)/Carer(s)

Ski Trip 2023

I am pleased to inform you that following a review of the current COVID-19 situation, we now feel able to proceed with plans for a February half term 2023 ski trip.

We are planning to ski in the Aosta Valley, Italy in the ski resort of Pila. This resort is at high altitude and has a wide range of pistes to suit all ski levels from beginner to advanced. We are travelling with Interski who are ABTA bonded and abide by their rules of guidance.

Details of the trip and what is included in the price are as follows:-

Saturday 18th February – Saturday 25th February 2023

Coach travel to resort, coach transfers to ski lifts

5 nights' accommodation in Hotel Valdotain, Aosta.

Breakfasts and evening meals

Hot snack lunch on the mountain

5 days skiing, 24 hours tuition spread over the 5 days from qualified instructors

Ski and boot hire plus 5 days ski pass

Ski helmet hire

Evening entertainments

Fully comprehensive insurance

The total cost is £1140 and a non-refundable deposit of £100 is required to secure a place.

Our coach journey to Italy takes us through France. They each have their own approach in terms of Covid rules which could change at any time between now and February 2023. At present, there are no restrictions for travelling through France but to enter Italy it is necessary to have a 'Green Pass'. A Green Pass is also known as an EU digital COVID certificate and certifies vaccination, recovery or a negative test result. In summary, if a student is not fully vaccinated, it is unlikely that they would be able to travel.

To secure a place on the trip, please return the consent form and a non-refundable cash / cheque deposit payment of £100 by Friday 24th June 2022. This trip has initially been offered to students who expressed an interest after the initial launch in the autumn term of 2021 and is now open to all students in years 9 and 10. If the trip is over-subscribed then names will be drawn at random and a waiting list established.

Payment of the balance is by instalment with the final payment due by the end of November 2022. If students withdraw from the trip after deposits have been paid, a full refund will only be possible if their place is taken up by another student.

Please contact me if you have any further queries

Yours sincerely

Dr J Orme

Ski Trip Organiser

JO.KG.Ltr.SkiTrip2023

Victoria Avenue, Evesham, Worcestershire WR11 4QH

t: 01386 765588 • f: 01386 40760 • e: enquiries@princehenrys.worcs.sch.uk • 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 Ewain's Middle Schools

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SKI TRIP 2023

It is very important that you fill in all sections of the form below.

This reply slip must be returned to Dr Orme by Friday 24th June 2022

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

Name if different to above..... Form Tutor.....

Date of Birth..... Nationality.....

My child has their own Passport **which has at least 6 months before expiry upon date of travel.** ☐

Has your child skied before (*please tick*)

Yes ☐

No ☐

Ability level (*please circle*)

Beginner

Intermediate

Advanced

If the answer was Yes please give brief details (*eg Ben has skied with the family for a total of two weeks over the past two years*)

.....
.....

Please be aware that skiing is a physically demanding activity. Students who sign up will be expected to ski for the duration of the trip unless they are injured.

I have read through the form carefully and want my child to take part in the Prince Henry's High School Ski Trip 2023. I understand that once places are allocated, the deposit paid will be non-refundable unless my child's place can be filled by another student.

I understand that the cost of the trip may be subject to exchange rate fluctuations and that there may be additional costs due to forces beyond the school's control.

I am aware of the current regulations regarding Covid and international travel and their potential impact upon students being able to travel.

I confirm that my child has received at least two Covid vaccinations. ☐

Signed Date

Parent/Carer

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Prince Henry's High School Medical Information Sheet

Pupils Name: _____ Form: _____

Trip: Ski Trip 2023

Home Address:	
Phone Number:	
Emergency Contact Number (if different from above):	
Doctors Name:	
Doctors Address:	
Doctors Phone Number:	
Details of any medical condition which may affect pupil during the visit:	
Details of any medication to be taken during visit:	
Can your son/daughter swim?	
Do you consider your son/daughter is physically fit enough to take part in the proposed activity?	
Any further information you think the Party leader should be aware of:	

Signed (Parent/Carer): _____

Date: _____

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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

Saturday 18th February – Saturday 25th February 2023

To take place on

Ski Trip 2023

At.....

Signed:

(Parent/Carer)

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/Carers 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/Carers 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 ContactTelephone No:

2nd) Name of ContactTelephone No:

I AGREE that medical and dental treatment may be given to my child 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/Carer)

Date:

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

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