



KING EDWARD VI ASTON SCHOOL  
Frederick Road, Aston, Birmingham B6 6DJ

Headmaster: C.Parker M.Hist., MBA, NPQH

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## Visit to Munich, Germany – July 2018

Dear Parent/Guardian,

As part of your son’s language learning experience, I am delighted to be organising a five day study visit to the fascinating and traditional city of Munich (München), which will take place from **Monday 9<sup>th</sup> July to Friday 13<sup>th</sup> July 2018**.

The group will fly from Birmingham Airport and will travel by coach between school and the airport(s). We will stay in a modern youth accommodation centre very close to Munich city centre on a full board basis. Students will be involved in a broad range of excursions during the week, including visits to famous sites such as the **Allianz Arena**, the **Olympic Tower**, the **Deutsches Museum** and **BMW Welt**. The students will also be doing extracurricular activities including a trip to a **traditional German ice-cream parlour**, **crazy golf**, an **outdoor swimming park (Freibad)** and a visit to the beautiful and iconic **Neuschwanstein fairytale castle**. On the last morning there will be an opportunity for shopping in small groups under supervision.

We anticipate that the total cost of the visit will be **£600**. This includes all travel costs, excursions, full board accommodation and travel insurance.

If you would like your son to take part in this visit, please may I ask you to return the **attached form** by **Friday 14<sup>th</sup> July 2017 at the latest**. An initial deposit of **£100** is also required via cash or cheque. 50 places are available. Beyond 50 responses names will be drawn from a hat and, if unsuccessful, your son will be on a reserve list. **Full payment may be made in the first instance**. Please note that boys can only go to either Paris or Munich and **not both**.

**Please note:** If your son does not secure a place on the trip for 2018 he has an *automatic reserved place* for when he is in year 10 (2019) *providing he is studying GCSE German*.

14 <sup>th</sup> July 2017	14 <sup>th</sup> Oct 2017	14 <sup>th</sup> Nov 2017	14 <sup>th</sup> Feb 2018	14 <sup>th</sup> April 2018	14 <sup>th</sup> June 2018
£100	£100	£100	£100	£100	£100

Please write to the Headmaster, Mr Parker, if you would like your son to participate on the trip, but would find it difficult to pay the voluntary contribution due to your financial circumstances. Your letter should explain why you are unable to pay the voluntary contribution in full and the amount you would be able and willing to contribute. (c.parker@keaston.bham.sch.uk)

Please note that if your son receives support from the Albion Trust and would like to participate on the visit, you should, in the first instance, write to Mrs Ward (Student Services) explaining that you would like the Fund to support his participation. Mrs Ward will confirm in writing if, in this instance, support from the Fund will be available. (b.ward@keaston.bham.sch.uk)

If you require any further information or wish to discuss any aspects of the trip, please do not hesitate to contact me.

Yours sincerely,

Miss J. Laventine (Subject Leader for German)

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# King Edward VI Aston School - Parental Consent Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(as it appears on your son's passport)

School: **King Edward VI Aston School** Form: \_\_\_\_\_

Home address: \_\_\_\_\_

Student's passport number: \_\_\_\_\_ Valid until: \_\_\_\_\_

EHIC card number: \_\_\_\_\_

If your son does not yet have an EHIC card (European Health Insurance Card), please visit [www.ehic.org.uk/Internet/startApplication.do](http://www.ehic.org.uk/Internet/startApplication.do) to apply online. Please note this is a FREE service provided by the NHS so you will not have to make any payment. This card provides British citizens with free healthcare within the European Union. Please note that the boys **cannot travel** without one.

### Details of trip / activity

Place to be visited: **Munich, GERMANY**

From: **9<sup>th</sup> July 2018** To: **13<sup>th</sup> July 2018**

### Payment *Please tick*

I have paid the initial deposit of £100 via Parent Pay

I have paid the full amount via Parent Pay.

I have applied for funding

### Medical and dietary information. Please give full details.

Name and address of student's doctor:

.....  
.....

Any medical conditions (whether they require medical treatment or not):

.....  
.....

Any allergies at all, including allergies to medication:

.....  
.....

Please list any medication that your child will have with him (and details of use):

### Dietary requirements (please don't put likes and dislikes):

Please note that the hostel cannot offer halal food and MAY serve beef. If your son cannot eat beef or requires halal-only meat, please select the vegetarian option.

MEAT

VEGETARIAN

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**Emergency contact details:** (you do not need to add all four numbers)

Home telephone number: \_\_\_\_\_ named person: \_\_\_\_\_

Mobile number: \_\_\_\_\_ named person: \_\_\_\_\_

2<sup>nd</sup> telephone contact: \_\_\_\_\_ named person: \_\_\_\_\_

3<sup>rd</sup> telephone contact: \_\_\_\_\_ named person: \_\_\_\_\_

**Declaration:**

I agree to my son taking part in this visit / activity. I have read the information provided and allow him to participate in all of the activities described. I will impress upon him the need to follow instructions and for responsible behaviour at all times. I am aware that King Edward VI Aston School follows the appropriate guidelines when organising educational visits. I am also aware that visits are always well organised with particular attention paid to health and safety. I understand that there can be no absolute guarantee of safety, but appreciate that the leaders of the visit retain the same legal responsibilities for pupils as they have in schools and will do everything that is reasonably practicable to ensure the safety of everyone on the visit.

**Medical treatment consent:**

If your son should require any form of medical treatment whilst on the school trip then we will do all that we can to contact you for any decisions that need to be made. If, however, we are unable to contact you, we will make those decisions as we will be acting in loco parentis. In all cases the advice of the medical professional will be taken.

Even if no decisions are needed for treatment, we will inform you of any accidents or injuries over and above minor bumps and grazes.

**Medication:**

Specific medication that you have listed on the front of this sheet should be discussed with the party leader so that it can be stored appropriately and its administration checked upon.

Every day medications such as pain killers or sun block should be brought by your son on the trip and will be self administered. He must inform staff if he has taken pain killers. If a pupil requests pain killers or sun block from staff, these will be given unless you say otherwise below.

My son **may be given – may not be given** every day medications such as pain killers or sun block.  
*(Please cross out the appropriate item in bold)*

**Declaration:**

I agree to my son receiving medication as instructed, and any emergency dental, medical or surgical treatment, including stitches, casts, anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed \_\_\_\_\_ Full name (capitals) \_\_\_\_\_

Relationship to pupil \_\_\_\_\_ Date \_\_\_\_\_

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