



KING EDWARD VI ASTON SCHOOL

Frederick Road, Aston, Birmingham B6 6DJ

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

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May 2016

The annual German exchange Visit to Nauen December 2017

Dear Parent(s) / Guardian(s),

We are lucky enough to have a German partner school Nauen, a city on the outskirts of Berlin, Germany, with which we have forged strong links since the first exchange in 2011. A recent survey of 450 headteachers, carried out by the British Council, revealed that only 39% of the country's secondary schools take part in a foreign exchange (The Independent, Nov 2014) so we are delighted to be able to continue to offer your son the unique opportunity to spend a week with a host family in Nauen.

Every single exchange has been a huge success with students making lifelong friends and some even hoping to take part in the exchange year after year. This alone is testament to how well our students are looked after and how much they gain from this experience.

Please note that this is an **exchange** and the student your son stays with will be returning to Aston in March next year to stay with your family. If your son takes part in this leg of the exchange, it is a requirement to reciprocate the hospitality in March 2017 for one week.

We will be flying to Germany on **Sunday 10th December** and returning on **Sunday 17th December**. Flight times and other details are to be confirmed but are likely to be from Birmingham International to Berlin Tegel via FlyBe. All participants would need to be dropped off and collected from Birmingham airport.

Boys will need spending money for their free time and souvenirs. Accommodation is of course free of charge, so we only have to pay for the flights and excursions. In order for this activity to take place a voluntary contribution of **£200 (TBC)** is requested from all participating students. If you would like your son to participate on the activity but will find it difficult to pay the requested amount either in full or part, please contact the Headmaster, Mr Parker, as soon as possible, at c.parker@keaston.bham.sch.uk or by letter explaining why you are unable to pay the requested voluntary contribution and the amount that you would be able and willing to pay.

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Please note that if your son is eligible to receive support from the Albion Trust your annual allocation can be used to pay the voluntary contribution requested for this trip. Please contact Mrs Ward at b.ward@keaston.bham.sch.uk or by letter if you wish to use the Fund in this way.

For students with special medical needs their medicine box will be taken on the visit by the trip organiser and during the visit will be kept on the person of the most appropriate accompanying member of staff. Students whose medical box does not contain a care plan or where the medicine in the box is out of date will not be allowed to participate on the visit.

Students with Epipens are strongly encouraged to bring a “floating pen” with them for the duration of the activity. If they intend do so please can you inform Ms Jennifer Laventine before 1st December by sending an e-mail to j.laventine@keaston.bham.sch.uk. Please note that during the activity the student will be responsible for the “floating” pen.

The parents of students with special educational needs will be contacted by Ms Jennifer Laventine if special arrangements and/or additional support will need to be put in place for their son to safely participate on the activity.

Please may I ask you to complete the form below and return it to me no later than **Friday, 2nd June 2017** if you are interested in participating in our exchange, along with a deposit payment of £100 to secure the flights. If there are more than 20 applications after this deadline, student names will be drawn randomly until the number of available places on the trip has been reached with subsequent students being first reserve. Once numbers are confirmed I will contact you again with information regarding our travel arrangements. Please note that this opportunity is only available to those boys **currently studying German in years 10 and 11.**

Suggested payment schedule:

| 1 st June 2017 | 1 st September | 1 st November |
|---------------------------|---------------------------|--------------------------|
| £100 | £50 | £50 |

I cannot stress how valuable an experience this will be for students of German and I thank you all in advance for considering this opportunity for your son.

Kind regards,

Ms J. Laventine
Head of German

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PROVISIONAL ITINERARY

| Day / Time | Plan |
|--|---|
| Sonntag | Ankunft / Arrive |
| Montag 08.15 – 09.45 10.00 – 11.30 11.45 – 13.15 13.15 – 14.00 14.00 – 15.30 | <i>In der Schule:</i> Welcome. Tour of the school. School quiz. First Contact – games in the hall / Cafe Auszeit Project Lunch German Lesson |
| Dienstag | <i>Tagesausflug:</i> Haus der Wannseekonferenz. Wechselseitige Fuehrung. Christmas Market Berlin. Berlin Treasure Hunt |
| Mittwoch 08.15 – 09.45 10.00 – 11.30 11.45 – 13.15 13.15 – 14.00 14.00 – 15.30 | <i>In der Schule:</i> German Lesson English Assistant in the Primary School Project Lunch English Assistant in the Primary School |
| Donnerstag | <i>Tagesausflug:</i> Potsdam. Sanssouci. Filmpark Babelsberg. |
| Freitag 08.15 – 09.45 10.00 – 11.30 11.45 – 13.15 13.15 – 14.00 14.00 – 15.30 16.00 – 17.00 | <i>In der Schule:</i> English Assistant in the Primary School German Lesson Project Mittagessen Project Presentation BBQ |
| Samstag | Mit Familien |
| Sonntag | Abreise/ Depart |

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The German Exchange – CONSENT + MEDICAL FORMS

To be returned to Miss J. Laventine by Friday, 21st July 2017

Son's name and form

1. I agree to my son's participation on the above trip as set out in the letter to parents and enclose a completed medical form.
2. I enclose a cheque for **£100 for the first payment / deposit.**
3. I would like my son to be staying with a *female / male* student. (Please delete as appropriate)
4. I understand that if my son participates in the Nauen trip, we will host his exchange partner in February 2018.
5. Any allergies or dietary requirements:
.....

6. My son's Passport **number** is:
- Name** as it appears on passport:
- Full passport **start date**/...../.....
- Full passport **expiry date**/...../.....
- Place of birth**

Signature.....

Date

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King Edward VI Aston School - Parental Consent Form

Student's Name: _____ Age: _____ Date of birth ___/___/_____

School: **King Edward VI Aston School** Form: _____

Home address: _____

Details of trip / activity

Place to be visited: **Nauen, Germany**

From **10th December 2017** To: **17th December 2017**

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):

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

Home telephone number: _____ named person: _____

Mobile number: _____ named person: _____

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2nd telephone contact: _____ named person: _____

3rd 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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