

30th January 2019

Dr Ian Barber PhD, BSc, LRPS, PGCE
Head of Science
enquiry@herefordcs.com

Dear Parents,

www.herefordcs.com

French Cultural and Language visit to Paris, May 2019

The final instalment for the French trip is now due and I would be grateful if you could make your final payment to school for £439.00. You may pay by any of the methods listed on the slip below and I would be grateful if you could indicate which method you will be using.

Please place your child's medical form and the completed slip, as well as your cheque (if this is your chosen method of payment), in an envelope with your child's name on and hand in to the School Office by no later than Monday 4th March 2019.

There will be a meeting on Monday 29th April, after school (3.45pm) in St David's Hall, where final information will be given out. Should you have any questions in the meantime please do not hesitate to contact me either by email i.barber@herefordcs.com or via the School Office.

Yours sincerely,



Dr Ian Barber

French Cultural and Language Visit to Paris, May 2019

Name of son/daughter: Form

I enclose my child's medical form and will make the final payment for the French trip (£439.00) as follows:

- I will pay by ParentPay
- I will pay by cheque (please make cheques payable to 'H.C.S.' and include in envelope)
- I will pay by BACS (Bank: Lloyds, A/C Name: Hereford Cathedral School, A/C No: 00198901, Sort Code: 30 94 14)
- I will pay with Childcare Vouchers

Parent Name:

Signed: Date

Please return to the School Office by no later than Monday 4th March 2019.



Hereford Cathedral Junior School School Trip Contact & Consent Sheet 2018-2019



Please complete, sign and return to school as soon as possible

Pupil Name :		
Date of Birth:		
Address:		
Emergency Contact Numbers for Duration of Trip:	Name:	Mobile:
	Daytime:	Evening:
	Name:	Mobile:
	Daytime:	Evening:
Next of Kin:		Tel:
		Tel:
GP:	Name:	Address:
	Tel:	
Can your child swim? (please circle)	YES	NO
Dietary Requirements:		
Medical Information: (If you think your child may need medication during the trip (e.g. Piriton, eyedrops) please hand it to a member of staff on the day with written instructions)	Allergies:	
	Medication (Dosage and Administration):	
Other relevant information:		

N.B. The school cannot be held responsible for problems arising out of existing medical conditions about which you do not make us aware on this form. Please update this information before we depart if any condition arises between now and then.

I agree to authorise any member of staff during the course of a trip to approve such medical treatment for my son/daughter as is deemed necessary in an emergency or upon the advice of a qualified medical practitioner. Please ensure that any amendments to medical and contact information during the year are given to the office. For any residential trips we will continue to issue medical forms.

Signed: **(parent/guardian)** **Date:**