



18th January 2018

Dear Parents/Carers,

Year 9/10 French Residential Trip to Paris - Friday 24th May - Monday 27th May 2019

I am delighted to be able to offer your son/daughter the opportunity to participate in The Ongar Academy's second residential trip to France and our first to Paris.

We will be heading to Paris, France from Friday 24th May to Monday 27th May 2019. Paris is one of the most visited cities in the world and is the epitome of French culture. This is a wonderful opportunity to experience France and Paris and to use the French they've been learning in school in real life situations.

This trip is open to both year 9 and year 10 students and there are 40 places available. This will be first come-first served. We ask that any year 9s who want to come on this trip only do so if they are thinking about taking French as a GCSE option. This trip may even be the one that sparks them into a love of French and France. Remaining places for year 9 will be drawn from a blind draw.

The cost of the trip is £424 and includes the following:

- A coach throughout the trip and ferry bookings across the channel.
- Three nights' full board accommodation in Paris.
- A full excursion itinerary including trips to the Louvre, Montmartre, Sacré Coeur, Place du Tertre, Notre Dame Cathedral the Eiffel Tower (going up it is subject to availability) and a full day Hopper pass allowing access to both Disneyland® Paris and Studios.
- Comprehensive travel insurance

Please be aware that the price of this trip is subject to change depending on the numbers who sign up. Any additional costs will be passed on quickly and explained as to why they are required.

The school reserves the right not to offer a place on the residential trip, or to withdraw a student from the trip, as a result of serious behavioural or other difficulties in school. Parents and carers should be aware that the school reserves the right to cancel any visit, without liability of cost on the part of the school, should circumstances arise where in the view of the school, the health and safety of students or staff could be compromised. The school would be very reluctant to cancel any visit, but this consideration is paramount.

Headteacher: Mr. A. Osborne

INSPIRING EXCELLENCE





The Ongar Academy

The Ongar Academy
Fyfield Road
Ongar
Essex
CM5 0AN

www.theongaracademy.org
admin@theongaracademy.org
01277 500990

For your child to participate on the visit to Paris they will need to have a passport valid 3 months after the return date and European Health Insurance Card. EHICs are free and to apply for one, go to www.ehic.org.uk or alternatively you can call on 0300 330 1350.

If your son/daughter wants to take part in this trip, a deposit of £50 is required on Wisepay to secure their place. Please ensure that you complete the attached medical consent form, acknowledging all sections. Submitting the medical consent form **without** paying the £50 deposit will **not** secure your son/daughter's place on the trip.

The deadline for this payment is **Friday 25th January 2019.**

Yours sincerely,

Mr S. Díaz-Ward
Head of Modern Foreign Languages Faculty

Headteacher: Mr. A. Osborne

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Trips and Visits medical/Consent Form

MEDICAL/CONSENT FORM

The Parent/Guardian for the student participating in the Trip/Visit should complete both sides of this form. Please fill in the details required as fully as possible – in the event of your son/daughter requiring emergency treatment this will help medical staff to decide on the most appropriate treatment.

Activity/Visit Location PARIS

Date MAY 2019

Activity/Visit Leader MR DIAZ-WARD
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(Please complete in BLOCK CAPITALS)

Student's Full Name	Form	Date of Birth
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Method of Payment (please tick)	Wisepay	Date: Receipt Code/Auth No:
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Parent/Guardian's Address During the Trip/Visit	Family Doctor's Name and Address
Home Telephone No: Mobile Telephone No:	Telephone

Alternative contact (for Emergency use only)	Name:	Tel. No:
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I hereby give permission for my son/daughter to attend the aforementioned Trip/Visit.

If it becomes necessary for my son/daughter to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent for any necessary medical treatment and authorise the Trip/Visit Leader named above (or in his/her absence one of the other members of staff), to sign any document required by the hospital authorities. **(Delete if consent is not given)**

I will inform the Trip/Visit Leader if any of the information given on this form changes before the event takes place.

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Name of Parent/Guardian

Relationship to the student

Signature

Date

Special Dietary Requirements/Arrangements

ADDITIONAL CONSENT (required when students will be involved in physical activities e.g. swimming, canoeing, climbing, skiing etc.)

I consent to my son/daughter taking part in the activities of the trip/visit, which have been explained to me by the Trip Leader.

Signed (Parent/Carer)Date

PARACETAMOL – RESIDENTIAL TRIPS ONLY. The School will oversee the self-administration of Paracetamol to any student suffering from discomfort (e.g. toothache, period pains etc.). Please tick this box if you give permission for the school to oversee self-administration of paracetamol by your son/daughter (named overleaf).

In the space below please give details of the following (**even if you have already informed the school in the past**):-

1.Any known infectious diseases with which your son/daughter (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, and Whooping Cough etc.)

2.Please list any known Allergies/Sensitivities/Disabilities (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

3.Where unavoidable the school is willing to oversee the self-administration of prescribed and non-prescription medication during the visit. Please enter below details of any medicines currently being taken (including dosage details), together with the name of the Specialist and Hospital concerned if appropriate. **If your son/daughter has to take any medicines, the bottle, packet, jar (or any other items) should be clearly labelled with his/her name and the exact dosages, and handed to the trip Leader/First Aider before departure.**

Signed (Parent/Carer).....Date

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