



Beaumont School

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Headteacher: Mr M Atkinson e: head@beaumont.herts.sch.uk

March 2018

Dear Parent/Carer,

Re: Warwick Castle, 23 April 2018

As part of the return visit of the German Exchange group, Beaumont students have the opportunity to accompany their exchange partners to Warwick for the day on Monday 23 April 2018. We will travel by coach and visit Warwick Castle. The cost of this trip will be £23. The purpose of the visit is to enable the students to spend more time with their exchange partners. The coach will leave from Central Drive at 8.30am and we expect to return by 5.30pm. Students and their exchange partners will need to bring a packed lunch.

Please return the slip below by Friday 23 March 2018 to indicate whether you would like your child to participate. If you do not wish your child to participate in this trip, they will attend school as normal on that day.

The school's preferred method of payment is through our online payment system that can be accessed via the School Portal on the front page of the Beaumont School website or at www.scopay.com/beaumont. Here you can also give permission electronically for your child to participate in the trip and advise us of any medical conditions or allergies, therefore not necessary to return the paper permission slip below. However if you would prefer to make payment via cash or cheque, then please complete and return the attached slip together with £23 (cheques made payable to Beaumont School) **by no later Friday 23 March 2018**. You should send your money or cheque in a sealed envelope with your child's name, form and title of the trip clearly written on it. **This should be posted in the appropriate box outside the Finance Office.**

Yours sincerely,

S.R. Lutz
Head of Modern Languages

Return to: Box outside Finance Office marked 'Warwick Castle' by Friday 23 March 2018.

Pupil's Name Form

I do/do not* wish my child to participate in the trip to Warwick on Monday 23 April 2018
I agree to them taking part in the activities described.

I also consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of the journey. I understand that for the school's insurance policy to cover any pre-existing medical condition, I will seek and adhere to any medical advice given from my GP.

Emergency contact/medical details. Please tick either box A or B.

A I confirm that all details held by the school on the gold form concerning emergency contact telephone numbers and/or medical conditions affecting my child are correct, or that I have already notified the school of any changes.

B Please note the following change(s) to the above details,
which is/are for this visit only permanent.

Signed Father/Mother/Legal Guardian Date

