

10<sup>th</sup> March 2020



**‘PGL ARDECHE ADVENTURE 2020’**

Dear Parent/Guardian,

First of all, I would like to thank you for the payments received so far towards your child’s place on the PGL Ardeche Adventure. I am sure they are also very grateful for the opportunity we are all working together to provide. As some places have not been paid in full yet please see below for your outstanding balance as of 04/03/20 for your child’s place. The agreed deadline for the total balance is 13/03/2020.

Students name: \_\_\_\_\_ Outstanding balance: £ \_\_\_\_\_

To support you in preparing for the trip I would like to invite you and your student to a meeting on Tuesday April 21<sup>st</sup> in the school hall at 5.30pm. At this meeting I will be able to discuss with you some of the additional details regarding the itinerary, departure and return details, insurance and government guidelines. Students will also have the opportunity to meet their staff group leader and inform us of any additional information we may need to be aware of before the trip. Staff group leaders will also be collecting student passports and EHIC cards at this time.

Please complete the reply slip at the bottom of this letter to indicate if you will be attending the meeting, confirming your child’s **passport number** and **expiry date**, expiration date of **EHIC card** and their **swimming ability**. Additionally, please can you complete the attached **OSA2 medical consent form** attached to this letter. Please return the **reply slip** and **medical consent form** to reception by **Friday 13<sup>th</sup> March**.

If you have any questions, please don’t hesitate to contact me at school.

Kind regards

Mr. M.Webb  
m.webb@tqea.org.uk  
**PE Department**



**Please return to reception**

**Pupils Name:** \_\_\_\_\_ **Form:** \_\_\_\_\_

- a.) I will/will not be able to attend the parents meeting on April 21<sup>st</sup> at 5.30pm
- b.) My child’s passport number is \_\_\_\_\_
- c.) The expiry date for my child’s passport is \_\_\_\_\_
- d.) The expiry date for my child’s EHIC card is \_\_\_\_\_
- e.) The following statement best indicated my child’s swimming ability:
  - Non swimmer
  - Water confident
  - Can swim 50m unaided

**Signed:** \_\_\_\_\_ **Parent / Guardian** **Date:** \_\_\_\_\_