

November 2018

Ski Trip 2020

We will be travelling to Madonna Di Campiglio, Italy during February mid-term 2020. The cost of the trip is approx. £1,069. The dates for our mid-term break in 2020 have not yet been confirmed thus there may be a change in price.

The above prices include:

- Return transfers to/from airport to hotel.
- 7 nights half board accommodation. **Plus, hot lunches.**
- 6-day lift pass for designated area.
- 6-day x 4-hour ski lessons.
- 6-day ski, boot & helmet hire.
- All UK/Irish & airport taxes.
- Comprehensive ski travel insurance.

Payment now due:

- **£300 19th December 2018**

This payment is a **non-refundable** deposit. The balance of the trip will be collected in post-dated cheques when dates have been confirmed.

If you give permission for your child to go on the Ski Trip please complete the Parental Consent for an Educational Visit form and return it, to myself, as soon as possible.

The College's Leadership team reserves the right to withdraw a student from this trip if it is deemed necessary (this could happen if a student's conduct was inappropriate).

The ski trip is usually oversubscribed so a prompt return is advised.

Yours sincerely

Mrs Claire Hughes
Trip Organiser



Our Lady and St Patrick's College, Knock

Appendix 8

Parental Consent for an Educational Visit

(To be completed by a Parent/Guardian for an Educational Visit - Categories 3, 4 and 5)

Student Details			
Student Name		Tutor Group	
Date of Birth		Dates of Visit	

Emergency Contact 1		Emergency Contact 2	
Name		Name	
Home Number		Home Number	
Work Number		Work Number	
Mobile Number		Mobile Number	
Relationship to Student		Relationship to Student	

Medical/Other Information			
Medical Conditions		Medication (if relevant)	
Dietary Requirements		Special Educational Needs	
GP Name		Phone Number	

I give permission for my son/daughter to participate in the educational visit to Madonna Di Campiglio during mid-term Feb 2020. I confirm that he/she is medically fit to participate.

I accept the Code of Conduct for Students on an Educational Visit and agree to all the arrangements, including supervisory arrangements, and any costs relating to my son/daughter being sent home early from the visit.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary, by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Parental Signature: _____

Date: _____