

CHIPPING SODBURY SCHOOL

PLEASE COMPLETE AND RETURN THE FOLLOWING FORM TO THE FINANCE OFFICE

Visit to:	Werdenfels Gymnasium, Garmsich-Partenkirchen, Germany	
Dates : (please tick which you would prefer)	Receive German student Autumn 2009 tbc	
	Visit to Germany Spring/Summer 2010 tbc	
or	Visit to Germany Spring/Summer 2010 tbc	
	Receive German student Autumn 2010 tbc	
Leader:	Ms S Lockyer	

Name of pupil	
Tutor Group	
Date of Birth	
Home telephone no (with STD code)	
Emergency telephone number	
Address	
Does/will student hold a current BRITISH passport- minimum 6 months validity	

MEDICAL INFORMATION

Name of Doctor	
Date of last Tetanus injection	
Any allergies	
Any significant medical/personal information	
Details of any regular medication	

PAYMENT (please tick)

Deposit Payment enclosed (cheque or cash) £50	
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DECLARATION:

1. I agree that my child may participate on this school visit
2. I agree that my child is fit to participate in the activities undertaken
3. I give permission for any dental or medical treatment which maybe necessary whilst my child is away from home
4. I am happy to act as a host-family for my son/daughter's exchange partner on the return visit
5. I understand that payment of a deposit confirms my commitment to the cost of the visit

Signed: _____ Parent/Carer (signature)

Name : _____ (please print clearly)

Date: