

January 2010

Dear Parent/Guardian

Sixth Form Art Trip, Florence 2010

The school is running a 4 day Educational Art Trip for Upper Sixth A Level Art students from Monday 25th to Thursday 28th October 2010, in Florence, Italy. The Trip includes private tours, trips to Museums and Galleries such as The Uffizi and Cappelle Medici, plus practical assignments, which are tailored to the A Level Specification. It will provide students with a valuable opportunity to gain an insight into the wonderful works of the Renaissance Period and the history of Florence.

The cost of the trip will be £388.00 per student, based on 2 students sharing a room at the Hotel Nizza for 3 nights. The price includes return coach travel from the school to Gatwick Airport, flights, travel costs from Pisa Airport to Florence, travel insurance, accommodation, continental breakfasts, admissions to Galleries/Museums, government taxes and service charges, and a half day guided sightseeing tour on foot. This price is based on seventeen students travelling. If there are fewer than seventeen students travelling the price per student may vary slightly. A non-refundable deposit of £100.00 will be required.

The trip is being booked with European Study Tours. They have 27 years experience in educational travel and their priority is the health and safety of our group. As well as being a fully bonded member of ABTA and ATOL they operate a Safety Management System, as recommended by the DCSF.

Please complete and return the slip below, together with confirmation that the **non refundable deposit of £100.00 has been paid on ParentPay, by Monday 1st March** in order for us to confirm our booking early and obtain suitable flights and accommodation (we understand that this is a short deadline, however the BA flights are very popular and can only be held for a short period of time). The second payment of £144.00 will be due by Monday 31st May and the final payment of £144.00 by Monday 28th June. Please also provide a photocopy of your son/daughter's passport so that the correct information can be provided to the tour company.

Please pay for this trip using Parent Pay. If you have any problems making payment on ParentPay please telephone either Mrs Martin or Mrs Emery on 01702 476026 to make payment over the telephone.

We hope you will support this extremely worthwhile activity. As you will appreciate, we could find it necessary to cancel this activity if many students or their parents are unable to contribute to the trip, but we have had very positive responses from the students so far.

The coach will leave school on the Monday for Gatwick Airport. Departure on Thursday will be from Pisa, arriving back at school late during the evening. The flight times are not yet available, but I shall send out another letter as soon as this information is made known to me. I would strongly recommend this Art trip to all Advanced Level students, as it gives valuable practical experience of using their first hand knowledge and practical work – a fundamental theme of the A level specification.

A valid passport will be necessary together with a valid European Health Insurance Card (formerly E111). Application for the EHIC can be made online at www.ehic.org.uk. Please arrange for a photocopy of the passport to be returned either with the reply slip or for your son/daughter to bring their passport to the school office so that a photocopy can be made.

Yours faithfully

Mr P Vinten
Teacher of Art



Return to box outside school office

WESTCLIFF HIGH SCHOOL FOR GIRLS

6TH FORM ART TRIP TO FLORENCE, ITALY - 25TH TO 28TH OCTOBER 2010

I hereby give permission for my daughter/son _____ of Form _____ to participate in the Sixth Form Art Trip to Florence, Italy.

I agree to pay the non-returnable deposit of £100.00 on ParentPay by 1st March 2010 and agree to pay the 2nd payment of £144.00 by 31st May 2010 and the balance of £144.00 by 28th June 2010.

Student's Age on 25th October 2010: _____ years D.O.B.: _____

Passport Number: _____ Expiry Date: _____

*My daughter/son does not / does have a special dietary requirement.

Specify diet/food allergies

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Signed _____ Date _____
(Parent/Guardian)

(*Please delete as necessary)