

Parental Consent Form

Shrewsbury School SPANISH STUDY VISIT 2014

I would like my son/ daughter (delete as applicable):

Full Names (as shown on passport)

House.....

Year at School.....

Date of Birth.....

Son/ Daughter's Mobile No.

Nationality

Passport Number; Date of Issue and Expiry; Passport Nationality (if different)

.....

.....

to take part in the Galicia Spanish Study Visit 2014.

NB If your son/ daughter is in the UK on a VISA, please contact us for further information on special travel arrangements.

I understand the total estimated cost to be approximately £650 (this may change due to reasons mentioned in the letter)

1. To reserve a place on the trip, I enclose my **deposit cheque** in the sum of £200 made payable to **Shrewsbury School**. I understand that if my son / daughter withdraws from the trip, this deposit is non-refundable unless a suitable replacement can be found.
2. I agree to the remainder of the costs being added to the school bills issued in April (for the Summer Term) and August (for the Michaelmas Term).

Signed (Parent/Guardian) Date

Delete as appropriate

(Please print name)

Parental email:

(we will confirm places allocated on the trip by email unless you request otherwise)

Please return this form to Mrs. C.J. Cropper, Shrewsbury School, The Schools, Shrewsbury SY3 7BA by **Friday 31st January 2014.**