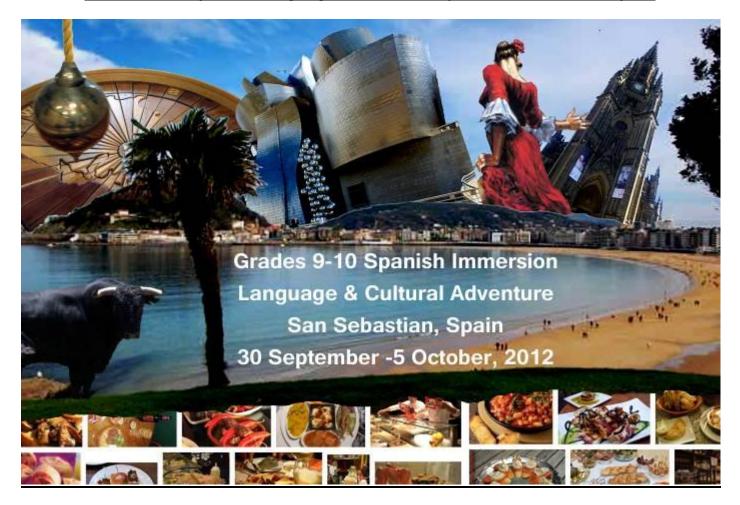
## GRADE 9-10 Spanish Language & Culture Trip to San Sebastian, Spain



ASM Spanish is headed to the homeland! This year's language trip is to San Sebastian, Spain, exclusively for Spanish language students in grades 9 and 10. The trip will take place from Sunday, 30 September through Friday, 5 October. This is a total immersion language learning experience. The program is guaranteed to enhance classroom learning and offers students a unique opportunity to practice and develop their skills in a practical and demanding environment. Spread over 4 mornings of intensive study each student will participate in 20 different class sessions tailored to the individual's skill level. Afternoons and evenings will be filled with activity. We will spend time on a beautiful beach, wandering shops, eating spectacular tapas and other Spanish cuisine, visiting the historic port once frequented by pirates, a day trip to the Guggenheim Museum (in Bilbao), and we will visit the San Sebastian aquarium. Students will be housed with a classmate in a Spanish host family where they will practice their language, enjoy genuine local cuisine, and experience a unique exposure to local culture.

San Sebastian is undoubtedly one of the jewels of Europe, sparkling with life. It is the cultural capital of the Basque country, a province of Northern Spain, just 20 km from the French border. It offers beaches, mountains and city life, all of which our students will be deeply exposed to. For students serious about developing their Spanish language skills, and especially those looking forward to performing well on the IB Spanish exams, this field experience will be remarkable and of great cultural and academic benefit.

<u>Total cost: 800 Euro, all inclusive</u>. A non-refundable deposit of 400 Euro should be paid to <u>Ms. Gemma Grugni</u> in the ASM Business Office by 9 May, 2012. **Balance due 1 June, 2012.** 

## Health and Medical Release Form for ASM Field Trip to San Sebastian, Spain, 30/9 - 5/10, 2012 Student Name: \_\_\_\_\_\_ M / F Age\_\_\_\_\_\_ Date of Birth / /

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Parent (or Legal Guardian):						
Emergency contact (if different from above):						
Home Phone:	Cell:	dl:				
Home Address:						
Family Physician:						
Physician's Phone:	Fax:					
Are your child's immunizations up to date?		YES	NO			
Does your child have any allergies or chronic heal	th concerns?	YES	NO	If yes, pleas	e explain:	
Does your child take any regular medications?		YES	NO			
Please list all medications, including over the cour instructions. Please give these to the chaperone(s						_
Please provide any other information you would l	ike the chaperone	es to be aware	of:			
Student's Passport Number:	Nation:		Expiration			
MY CHILD CAN LEGALLY TRAVEL TO SPAIN ON HI	S/HER DOCUMEN	ITS: YE	S NO (ple	ase circle one	)	
Emergency Medical Treatment: For your child's take whatever action is deemed necessary (by treatment. Every effort will of course be made to	trained medical	l personnel).	Such author			
I,, hereborogram. In cases of medical emergency, I he diagnoses and treatment for my child.	ny give my permis reby grant the t	sion for my chi eacher chaper	ild to be a par cone(s) the ar	rticipant in the uthority to ob	e ASM extended otain any nece	l trip ssar

PLEASE TURN THIS FORM INTO Ms. Vedrovnik

Date:

Parent Signature: