



# ST PAUL'S CATHOLIC SCHOOL

7th October 2014

**Trip to WWI Battlefields      26-28 June 2015**

Dear Parent(s)/Guardian(s),

St Paul's History Department is pleased to confirm that once again we will be running a residential trip to the First World War Battlefields visiting Ypres in Belgium. The visit will take place from the **26<sup>th</sup> to the 28<sup>th</sup> June 2015** and will include tours of both the Somme Front Line and Ypres Salient. We will also participate in an act of collective remembrance at the famous Menin Gate ceremony.

The cost of this fully guided trip will be in the region of **£250** per pupil. This will include **all** travel, accommodation, entrance to all museums and visitor sites and **all** meals while we are in Belgium.

There are only 23 places available and so places will be allocated on a first come, first served basis. If you would like your child to take part in this exciting opportunity, please complete the attached slip and return it **as soon as possible**, before October half-term, to the **school office** together with a **non-refundable** deposit of **£100**.

Yours faithfully,

**Mrs. Z. Walsh**

History Department



INVESTOR IN PEOPLE



**HEADTEACHER: MR N. LOCKYER**

SPENCEFIELD LANE EVINGTON LEICESTER LE5 6HN

TEL: 0116 2414057 FAX: 0116 2419156 E-MAIL: [office@st-pauls.leicester.sch.uk](mailto:office@st-pauls.leicester.sch.uk)



Healthy Schools



**FAO: St Paul's School Office:**

**Trip to WWI Battlefields 26-28 June 2015**

I give permission for (Name) \_\_\_\_\_ Form \_\_\_\_\_

to take part in the visit to the WWI Battlefields from 26-28 June 2015.

I am returning this form and the deposit of £100 to confirm my child's place on this trip.  
I understand that this is a non-refundable deposit.

Does your child have any allergies (YES/NO) If YES please explain below:

.....

Does your child require medication (YES/NO) If YES please explain below:

.....

Does your child have any specific dietary or cultural needs (YES/NO) If YES please explain below:

.....

Are there any new medical conditions which school is not currently aware of (YES / NO)  
If YES please explain below:

.....

Signed: \_\_\_\_\_ (parent/guardian)

Date \_\_\_\_\_



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