

RB/HB - June 2019

Dear Parent/Guardian

CERN Trip Update – July 2019

I am pleased to confirm that flights are now booked for our CERN trip and the details are below. Please note that we are only allowed to take hand luggage. In addition, no large volumes of liquid (e.g. drinks, shower gel) are allowed through security – liquid toiletries are limited to 100 ml per container and must be packed in a sealable 20 cm x 20 cm clear plastic bag which are available at the airport.

Students should arrive at school at 0720 prompt on Friday, 5th July 2019, to enable a departure in the minibus at 0750.

Outward Journey - Friday, 5th July

Flight EZY2061 departing Luton at 1335 (Bag drop from 1135)

Arriving Geneva at 1620

Return Journey - Sunday, 7th July

Flight EZY2062 departing Geneva at 0950 (Bag drop from 0750)

Arriving Luton at 1030

Our Hotel is the IBIS Saint-Genis-Pouilly Geneve, Technoparc du Pays de Gex, 95 Rue Louis et Auguste Lumière, 01630 Saint-Genis-Pouilly, France. Room arrangements will be twin rooms with continental breakfast provided.

On both evenings we are booked into the Ô Brasseur Restaurant in St Genis. Students should bring sufficient spending money for the duration of the trip.

We should return to school around 1430 on Sunday, 7th July.

If you have an outstanding balance I would be grateful if you could settle your account, via the normal means, by Monday, 1st July.

Attached, as an appendix to this letter, is an itinerary and parental consent form.

I would urge students attending the Linacre Institute to digest the contents of their onward journey from Luton. Please ensure Linacre students bring with them, to school on Thursday morning, a suitcase containing their clothes, etc., for their residential, as well as their hand luggage for the CERN trip.

If you have any questions then please get in touch via the school switchboard.

Yours sincerely

R Bembridge

Mr R Bembridge
Leader of A-level Physics

APPENIX – ITINERARY AND TRAVEL ARRANGEMENTS

Friday July 5th

Wales High School depart 0750
Check-in 1135
Luton depart 1335 EZY2061
Geneva arrive 1620
Bus 66 (Aéroport - Direction: Thoiry-Centre commercial) 1701
Arrive Saint-Genis-Porte de France 1739
Hotel arrive 1750 IBIS St-Genis-Pouilly
Evening meal 1930 O'Brasseur

Saturday July 6th

Breakfast hotel 0700
Walk to CERN 0800 (3km walk along footway)
Visit Microcosm 0900
Lunch at CERN restaurant 1230
CERN tour commence 1400
CERN tour ends 1700
Walk to hotel 1700
Evening meal 1930 O'Brasseur

Sunday July 7th

Hotel depart 0550
Bus 66 (St Genis Port-de-France - Direction: Aéroport) 0624
Arrive Aéroport 0658
Check-in 0750
Geneva depart 0950 EZY2062
Luton arrive 1030
[Linacre students to depart for London via rail - see below]
Minibus to school 1200
Wales High School arrive 1430

Arrangements for onward journey to Linacre Institute

Hand luggage to be swapped for suitcase stowed on minibus
1105 coach from Luton Airport (every ten minutes)
1111 arrive Luton Airport Parkway

1117 train from Luton Airport Parkway (every ten minutes)
1155 arrive London St Pancras
£13.10 single

Tube: St Pancras (Circle Line) to Westminster (Circle Line), London SW1A 2JR
£1.20 single

8 minute walk to Westminster School, Deans Yard, 17A, London SW1P 3PB

Students to arrive at Westminster School by 1630



Wales HIGH SCHOOL

HEADTEACHER: MR. G. DI'IASIO

APPENDIX - PARENTAL CONSENT FOR AN EDUCATIONAL VISIT

1. Residential Visit to CERN, 5-7 July 2019

I agree to _____ taking part in this visit and have read and understand the information about the visit provided. Yes

I agree to my son/daughter's participation in the activities described. Yes

Please list here any activities which your child cannot participate in:

I acknowledge the need for my son/daughter to behave responsibly, and in the event that they put themselves or others at risk that a nominated adult will be available to support. Yes

2. Swimming ability and water confidence (for activities in or near water)

Please describe your child's swimming ability:

Is your child water confident with regard to the proposed activity? Yes No

3. Medical information about your child

a) Date of birth of your son/daughter: _____

b) Does your child suffer from any conditions which the visit leader needs to be aware of for example: medical conditions, illness, allergies, night-time tendencies (sleepwalking, bedwetting, nightmares), travel sickness etc.? Yes No

c) If yes, please provide details:

d) Is your child currently taking any medication? Yes No

e) If Yes, please give details, including how medication is administered, including details of medication, timing, dosage and any side effects the medication may have:

f) Please outline any special dietary requirements of your child:

g) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious to others? Yes No

h) If yes, please give details: _____

i) Is your son/daughter allergic to any medication? Yes No

j) If yes, please specify:

k) When did your son/daughter last have a tetanus injection? _____

l) I will inform the Visit Leader as soon as possible of any changes in medical or other circumstances between now and the start of the visit. Yes

m) I agree to my son/daughter receiving medication as instructed and in the event of an emergency any emergency dental, medical or surgical treatment including; anaesthetic or blood transfusion, as considered necessary by the medical authorities present. Yes No

4. Contact information

During the visit I can be contacted using the following telephone numbers:

Work: _____

Home: _____

Home address: _____

Alternative emergency contact during the visit:

Name: _____ Telephone number: _____

Address: _____

Name of family doctor: _____

Telephone number: _____

Address: _____

5. I consent to my child taking part in this visit:

Signed: _____ Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE VISIT LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL.