



Wednesday 4th February

Dear Parent/Carer,

You are invited to attend a meeting on **Wednesday 11th March at 6.00 pm** in the school hall. This meeting will provide an opportunity to meet the staff escorting the ski trip and to ask any questions you may have.

Representatives from Snow Fit Sports will also be in attendance to deliver any ordered equipment, and final travel details for the trip will be issued on the evening.

As part of **Iceni Academy's Risk Assessment**, it is requested that all parents attend. The information shared at this meeting is vital for both students and parents and is essential in ensuring a safe and successful trip. To help with space, only one parent is required to attend; however, you are welcome to attend together.

Please complete and return the reply slip below, via your son/daughter as soon as possible.

Although we have specific medical insurance cover, each student must also have a GHIC card. This replaces the EHIC and can be ordered via the NHS website: [Applying for healthcare cover abroad \(GHIC and EHIC\) - NHS \(www.nhs.uk\)](http://www.nhs.uk).

If possible, please bring the GHIC card to the meeting. If you have ordered one and it has not yet arrived, please provide it as soon as you receive it. I will also be collecting passports on the night. Both the GHIC cards and passports will be kept securely in the school safe until the day of departure.

In order to prepare for the trip, it is essential your child is fit! Therefore, starting on Monday 2nd March, I am running a ski fit circuit session from 3.30 until 4.15 in the school gym. This will run for the 4 weeks leading up to the trip. While attendance is not compulsory, students are strongly expected to take part.

If there are any queries or problems, do not hesitate to contact me at the above address.

Yours sincerely,

Mr. J R Spurgeon

Party Leader

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REPLY SLIP: complete and return to Mr Spurgeon in the PE office by .

I will/will not be attend the Ski Trip meeting on Wednesday 11th March at 6.00pm.

Please indicate the number of seats required (including student[s]).....

student's name(s)..... Form.....

Parent's signature.....

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Ski Fit Fitness sessions

NAME _____

Will be Attending _____ Will not be attending _____

Parent's signature _____

