



Mrs Lauren Rodger MA Hons
HEAD TEACHER

NORTH BERWICK HIGH SCHOOL
Grange Road
North Berwick
East Lothian
EH39 4QS
Tel 01620 894661
Fax 01620 895495
Email: northberwick.hs@
northberwickhigh.elcschool.org.uk

Monday, 22 January 2018

Senior Phase Immersion Event (Modern Languages) - Moray House

Dear Parent / Carer,

I am writing to inform you of a forthcoming opportunity for pupils who are studying Higher and Advanced Higher Modern Languages.

We have been invited to take part in a Senior Phase Immersion event at Moray House, Edinburgh, on Friday, 23 February. The French and Spanish events run from 9:30-12:00, and the German event runs from 13:00-15:30.

The purpose of the session is to support and develop learner confidence in speaking ahead of oral assessments, which will take place for Higher candidates during the week beginning Monday, 26 February. The event will comprise a starter activity followed by two workshops with a short break in between.

Mrs. Higginbottom will accompany pupils to the event. We would ask that pupils pay for their own return train ticket and take a packed lunch and some water with them. Should they wish to remain in Edinburgh after the event, we would ask you to complete the Parental Consent form accordingly. Mrs. Higginbottom will assist pupils who wish to return to North Berwick to get the train back but will not accompany them personally.

If your young person wishes to seize this opportunity to participate in some intensive talking practice in the run-up to their modern language oral exam, please complete the attached Parental Consent form and return it to Miss Ritchie in the Modern Languages Department by Friday, 8 February. Please do not hesitate to contact me if you require any further information.

Yours sincerely,

Suzanne Ritchie
Principal Teacher Modern Languages

**EAST LOTHIAN COUNCIL
DEPARTMENT OF EDUCATION AND COMMUNITY SERVICES**

PARENTAL CONSENT FORM

Excursion: Senior Phase Immersion Event – Moray House, Friday, 23rd February 2018..... Reg Class

Name of participant Age

Home Address

Telephone number(s) Home Work

Alternative for use in emergency

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the participation or treatment of your child/ward. All information requested will be treated in strict confidence, and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information be given and that you notify us of any change in circumstances which might affect participation.

Has your child/ward had recent surgery or been in contact with any infectious or contagious disease?

Has your child/ward any known allergy (eg to penicillin)?

If your child/ward is currently undergoing treatment by a Doctor please give details including medication?

Has your child/ward received a tetanus injection within the last 10 years?

Has your child/ward any medical condition which a doctor should know about before carrying out treatment (eg Asthma)

Is there any activity in which your child may not participate?

Is there any additional information we should have? (Travel sickness, bedwetting, diet, diabetes, etc?)

Name of Family Doctor Tel No

Address

***Returning to North Berwick?**

I give permission for my child to remain in Edinburgh unaccompanied following the Senior Phase Immersion Event.

Signature Date

Insurance Information

East Lothian Council Public Liability Insurance will meet claims resulting from accidental injury or damage to property if it is proved it was caused as a result of negligence on the part of the Council or a Council employee.

Participants wishing to obtain cover for personal accident and Third Party Liability are advised to contact an insurance company or broker.

Declaration

I have read the information issued concerning the activity and the statement of insurance. I understand the nature of the activity/activities to be undertaken and consider my child/ward fit to take part. He/She does not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration of anaesthetic or blood transfusion as considered necessary by the medical authorities present.

Name (Block Capitals) Parent/Guardian

Signature Date