



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

19th May 2014

Dear Parents,

Your son / daughter will be visiting FGV on Monday June 9<sup>th</sup> for an afternoon of 'taster' lectures and a tour of the campus. The students will meet at the tuck shop at 1.00pm. The day's activities will run from 2.00pm to 4.00 pm. We will then return to school by bus.

Students should bring materials to write with in the lectures and money for snacks. The address of the university is provided below.

**Programme**

14h00 – 14h30 – Palestra Administração de Empresas

14h30 – 15h00 – Palestra Administração Pública

15h00 – 15h30 – Palestra Direito

15h30 – 16h00 – Palestra Economia

Return to school by bus

**FGV Address:**

Rua Itapeva, 432 Bela Vista – São Paulo/SP

Please complete the permission slip below and return it to Dávinni (Senior School Secretary) by 30<sup>th</sup> May 2014.

Regards,

Dr Barry J. Hallinan

Senior Master / Director of University Guidance and Careers

FUNDAÇÃO ANGLO BRASILEIRA DE EDUCAÇÃO E CULTURA DE SÃO PAULO  
ESCOLA BRITÂNICA DE SÃO PAULO

Rua Juquiá, 166 – Jardim Paulistano – CEP 01440-903 – São Paulo – SP – Brasil  
Tel.: (5511) 3087-3399 – Fax: (5511) 3087-3398



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

**EXCURSÃO PARA A FUNDAÇÃO GETÚLIO VARGAS (FGV) NA  
SEGUNDA-FEIRA DIA 9 DE JUNHO DE 2014.**

**FIELD TRIP TO FUNDAÇÃO GETÚLIO VARGAS (FGV) ON MONDAY  
9TH JUNE 2014.**

## **CANHOTO DE PERMISSÃO**

*CONSENT FORM (To be returned by Friday 30th May to Dávinni, the Senior School Secretary)*

**Autorizo meu filho(a) a participar da viagem acima. Estou ciente de que meu filho(a) participará da excursão e de que um membro da St. Paul's School poderá permitir que ele(a) receba tratamento médico. Concordo com esses termos. Confirmo que as informações médicas contidas no SchoolBase Online a respeito de meu filho estão corretas (parents.stpauls.br).**

*I give my permission for my son/daughter to take part in the above trip. I understand that whilst my son or daughter is taking part on this expedition, that any member of St. Paul's School staff may need to give permission for them to receive Medical Treatment, and agree to this. I can confirm that my child's medical information that the School holds on SchoolBase Online is accurate (parents.stpauls.br)*

Nome do aluno | *Pupil's name* \_\_\_\_\_

Assinatura | *Signed* \_\_\_\_\_

Data | *Date* \_\_\_\_\_

It must be emphasised that, as well as being an exciting experience for your son or daughter they will be representing St. Paul's School. It is imperative that the pupils understand the need to abide by instructions to ensure their own safety and the smooth running of this Field Course. Should Student decide not to abide by these expectations then the possibility exists that they may be returned home at the parents' expense. We would be grateful if you could reinforce this message at home.

Student's Signature \_\_\_\_\_