



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

17th February, 2014

Dear Parents,

**PSYCHOLOGY ECA FIELD TRIP TO INSTITUTO DE PSICOLOGIA DA
UNIVERSIDADE DE SAO PAULO - TUESDAY 25th MARCH.**

As part of their ECA, your son/daughter is invited to take part in a field trip to attend a class at the Psychology Institute at the University of Sao Paulo, which will take place on Tuesday 25th March.

During this trip, the students will attend a Child Psychopathology post-grad class by my former professor Dr Francisco Assunção M.D. They will expand on the themes which we have been exploring in our ECA - child and personality development - as well as have the opportunity to learn from Post-graduate level students and formulate questions to the Professor if they wish.

We will leave school at 7.00 and come back, traffic permitting, by 11.30.

I'm sure this will be an exciting and profitable opportunity for these students, who take their studies in their ECA very seriously.

Don't hesitate to contact me shall you have any questions.

Yours sincerely,

Erika Azevedo
efa@stpauls.br



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

**VISITA DOS ALUNOS DO SIXTH FORM DE ECA AO INSTITUTO
DE PSICOLOGIA DA UNIVERSIDADE DE SÃO PAULO
TERÇA-FEIRA, 25 DE MARÇO DE 2014**

**SIXTH FORM ECA TRIP TO THE "INSTITUTO DE PSICOLOGIA
DA UNIVERSIDADE DE SÃO PAULO
TUESDAY 25⁶TH MARCH 2014**

CANHOTO DE PERMISSÃO

CONSENT FORM (To be returned by Friday 14th March to Mrs. Azevedo)

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 pupils 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.

Pupil's Signature _____

FUNDAÇÃO ANGLO BRASILEIRA DE EDUCAÇÃO E CULTURA DE SÃO PAULO
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