



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

29th January, 2015

Dear Parents,

**FIELD TRIP TO INSTITUTO TECNOLÓGICO DE AERONÁUTICA (ITA) AND
DEPARTAMENTO DE CIÊNCIA E TECNOLOGIA AEROSPACIAL (CTA)**

In order to expand pupil interest in technology I would like to invite your son to accompany Dr Dicks and myself on a field trip to ITA and CTA. There they will be able to have a tour of the faculty of Engineering and Computer Sciences, spend an hour in the ITA museum and exhibition area concerning flight. They will also have a look at some leading edge technology that is taking place with respect to flight in the Brazilian Air Force.

The date of the visit will be 3rd March 2015; the bus will leave at 07.30 returning at 15.00. Pupils do not need to pay to enter ITA, and they will be given a packed lunch from the canteen. There are canteens in ITA that sell food and drinks as well should they want to buy an extra Coca-Cola when they are there.

Yours sincerely,

Mark Clay
Computing & ICT Teacher



**FIELD TRIP TO INSTITUTO TECNOLÓGICO DE AERONÁUTICA
(ITA) AND DEPARTAMENTO DE CIÊNCIA E TECNOLOGIA
AEROSPACIAL (CTA)
TUESDAY 3RD MARCH 2015 FROM 7.30 TO 15.00**

St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

**VISITA EDUCACIONAL AO INSTITUTO TECNOLÓGICO DE
AERONÁUTICA (ITA) E AO DEPARTAMENTO DE CIÊNCIA E
TECNOLOGIA AEROSPACIAL (CTA) –
TERÇA-FEIRA, 3 DE MARÇO DE 2015 (7.30 – 15.00)**

CANHOTO DE PERMISSÃO

CONSENT FORM (To be returned to Mr. Mark Clay by Friday 13th February)

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.

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.

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.

Student's Signature _____