



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

11th March 2015

Dear Parents,

LOWER SIXTH VISIT TO TUCCA

All the Lower Sixth were invited to go and spend the morning at TUCCA. Your son/daughter has written to me with a very special and touching reason why they would like to go. Given what they said I would like them to go. The visit will take place on **Monday 16th March**. TUCCA is one of our school charities (Associação para crianças e adolescentes com cancer). If you did not know, they work with underprivileged children and adolescents with cancer. TUCCA also works researching different areas related to children with cancer.

The group of 16 sixth formers (13 lower sixth and three Charity Prefects) will leave at 7.45 (please arrive by 7.35) and will return to school by the start of afternoon lessons. The pupils will be provided with a packed lunch from Sodexo before they leave and will be able to eat this on the way back to school.

Location

The venue is: TUCCA – Associação para Crianças e Adolescentes com Câncer
R. Santa Marcelina, 185 Itaquera - São Paulo - SP, 08270-070
Their website is: www.tucca.org.br
Contact number: (11) 25225712

Mme Smet will be the group leader for the visit.

Please sign the attached consent form if you are happy for your son/daughter to attend.

With kind regards,

Paul Morgan (Deputy Headmaster)
Christine Smet (CAS Co-ordinator)



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

VISITA A TUCCA DOS ALUNOS DO LOWER SIXTH,
SEGUNDA-FEIRA, 16 DE MARÇO DE 2015.

LOWER SIXTH VISIT TO TUCCA,
MONDAY 16TH MARCH 2015.

CANHOTO DE PERMISSÃO

CONSENT FORM (To be returned by Friday 13th March to Mme. Smet)

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 _____

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