



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

24th April 2015

Dear Parents,

FORM 1-3 COMMUNITY SERVICE ECA VISITS

I am pleased to inform you that your daughter/son has been invited to visit TUCCA as part of their Community Service ECA, on Wednesday 6th May 2015.

The coach will leave from the front of school at 8:30 prompt and will return at approximately 13:00 in time for lunch.

What to wear

For the outing pupils may come to school wearing casual clothes. However, pupils should observe the following requirements: Boys may wear Bermudas or trousers, T-shirt, shoes or tennis shoes. Girls can also wear Bermudas (3 fingers above their knees) or trousers, T-shirt, shoes or tennis shoes. Flip-flops, such as havaianas and rasteirinhas are not allowed. No valuable items should be taken on the outing.

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

Please sign the slip below if you agree to allow your son/daughter to attend the Community Service project out of school. The slip is required for all pupils to visit TUCCA. Please feel free to contact me on ast@stpauls.br should you have any questions. Pupils must return the slip signed to me.

Yours sincerely,

Ani Sobral Torres
F1-3 Community Service Co-ordinator



EXCURSÃO DE SERVIÇO COMUNITARIO DOS ALUNOS DO FORM 1-3
DO ECA DE COMMUNITY SERVICE
QUARTA-FEIRA, 6 DE MAIO DE 2015

St. Paul's School
MANIBUS POTENTIA STUDIUM ANIMIS

FORM 1-3 ECA COMMUNITY SERVICE VISITS,
WEDNESDAY 6TH MAY 2015

CANHOTO DE PERMISSÃO

CONSENT FORM (To be returned by Monday 4th May to Dr. Torres)

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 _____