



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

1st September 2015

**FORM 6 TRIP TO LIGA SOLIDÁRIA  
TUESDAY 8TH SEPTEMBER 2015  
From 8.30 am to 12.30 pm**

Dear parents,

This trip is part of the AASSA GIN 2015 club that your daughter has been attending. The project they are developing for the conference is the creation of a **compost bin** to form compost from **food waste** to be used as fertilisers at Liga Solidária.

Liga Solidária is a non-profit institution that has many social programs and several educational centres. Since they produce a large amount of kitchen rubbish, they will benefit from the compost and will be able to use it in their large garden.

**What to wear**

For the outing pupils may come to school wearing casual clothes.

**Location**

The conference is: Liga Solidaria - Educandario Dom Duarte  
Av. Eng. Heitor Eiras Garcia, 5985 – Jd. Educandário São Paulo  
SP – CEP: 05564-200.  
phone: 3781-9363  
<http://www.ligasolidaria.org.br/>

Please sign the slip below if you agree to allow your son or daughter to attend the out of school. The slip is required for all pupils to visit. Please feel free to contact me on [cah@stpauls.br](mailto:cah@stpauls.br) should you have any questions. Pupils must return the slip signed to me.

Yours sincerely,

Dr Camila Hartmann  
Head of Biology



EXCURSÃO PARA ALUNAS DO FORM 6 PARA LIGA SOLIDÁRIA,  
TERÇA-FEIRA, 08 DE SETEMBRO DE 2015

St. Paul's School

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TUESDAY 8TH SEPTEMBER 2015

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## CANHOTO DE PERMISSÃO

*CONSENT FORM (To be returned by Thursday 3rd September to Dr. Hartmann)*

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 na Escola a respeito de meu filho estão corretas, e que informei a secretária sobre qualquer mudança.

*I give my permission for my son or daughter to take part in the above trip. I understand that whilst my son or daughter is taking part on this expedition, 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 is correct, and I have informed the school secretary of any changes.*

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 \_\_\_\_\_