



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

17th September 2015

Dear parents,

FORM 1-3 COMMUNITY SERVICE SOCIETY VISITS

I am pleased to inform you that your daughter or son will be going out to the **TUCCA** as part of the Community Service society at St. Paul's, on the following dates:

- **Wednesday 23rd September**
- **Wednesday 21st October**
- **Tuesday 3rd November**
- **Wednesday 9th December**

The coach will leave from the front of St. Paul's main gate at 8.30 am prompt and will return at approximately 1pm 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.

A number of staff will also be accompanying the trip.

Location

The venue is: R. Santa Marcelina, 185 Itaquera - São Paulo - SP, 08270-070

Their website is: www.tucca.org.br

Contact number: +5511 2522.5712

Please sign the slip below if you agree to allow your son or daughter to attend the Community Service project out of School. The slip is required for all pupils to visit the elderly home. Please feel free to contact me on ast@stpauls.br should you have any questions. Pupils must return the slip signed to their Community Services teacher by **Tuesday 22nd September 2015**.

Yours sincerely,

Ani Sobral Torres
F1-3 Community Service Co-ordinator



St. Paul's School

MANIBUS POTENTIA STUDIUM ANIMIS

EXCURSÃO DE SERVIÇO COMUNITARIO DOS ALUNOS DO FORM 1-3 DO COMMUNITY SERVICE SOCIETY

FORM 1-3 COMMUNITY SERVICE VISITS

Wednesday 23rd September

Wednesday 21st October

Tuesday 3rd November

Wednesday 9th December

CANHOTO DE PERMISSÃO

CONSENT FORM (To be returned by Tuesday 22nd September to the pupil's CS Society teacher)

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 _____

FUNDAÇÃO ANGLO BRASILEIRA DE EDUCAÇÃO E CULTURA DE SÃO PAULO

ESCOLA BRITÂNICA DE SÃO PAULO

Rua Juquiá, 166 – Jardim Paulistano – CEP 01440-903 – São Paulo – SP – Brasil

Tel.: (5511) 3087-3399 – Fax: (5511) 3087-3398