

Name	Class

French Trip Passenger Information

Please complete the form clearly and return to the school office **by Friday 20th April**.

Note: The school must have this information in order to allow your child to attend the trip.

Passport Details

Name of child as it appears on their passport: _____

Date of birth: _____

Passport number: _____

Start date: _____

Expiry date: _____

Country of issue: _____

Nationality: _____

Requires visa to visit France? Circle one: Yes No

European Health Insurance Card

EHIC number: _____

(If you do not have an EHIC card, please order one from www.ehic.org.uk)

Dietary requirements: _____

Medical information (including asthma, travel sickness, allergies etc.):

Emergency Contacts

Name of parent/carer 1: _____

Emergency contact number 1: _____

Name of parent/carer 2: _____

Emergency contact number 2: _____

Class Dojo

We would like to keep you updated with photos and messages on the day of the trip. Please write your email address so you can be added to a 'French Trip' group on ClassDojo.

Parent email address: _____