

GULF ENGLISH SCHOOL

CAIRO



Thursday October 27th, 2022

Year 5 and Year 6 Luxor and Aswan Nile Cruise

Dear Parents,

Thank you for expressing an interest in your child attending the Year 5 and Year 6 Residential Nile Cruise to Luxor and Aswan. We are pleased to confirm that your child has been allocated a place on this trip.

We are looking forward to making this a memorable experience therefore, we will continue to look for excellent attitude, attendance and behaviour from pupils at all times around school and during the trip.

Moving forward, kindly **fill** the attached **information** and **authorisation forms** and return them along with a **copy of your child's birth certificate** in an envelope labelled with the pupil's name and class to Ms Nesma El Labban, no later than **Sunday November 6th**.

Closer to the date of departure, a meeting for all pupils participating in the trip and their parents will be held to give out information and answer questions. Further details about this meeting will be sent out as the time approaches.

Finally, we would like to remind you that the **second instalment** is due on **Wednesday November 2nd**.

Please ensure to send the required documents and complete the payment as promptly as possible.

Wishing you a relaxing mid-term break

Regards,

Rehab Khairy
KS2 Deputy Headteacher

Mona El Masry
School Director

New Cairo, 5th Settlement, 2nd District, St. 55

Tel: 015-55553741 - 015-55559681

Email: gescairo@gescairo.com

Website: www.gescairo.com

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INFORMATION REQUIRED FOR THE NILE CRUISE

Name of child _____

Class _____

1. Any food allergies

2. Any other allergies _____

3. Details of any on-going medication required

4. Up-to-date contact phone numbers:

Mother: _____ Father: _____

Other (please indicate) _____

5. Provide the names and classes of three friends your child would be willing to share a cabin with:

1. Name: _____ Class: _____

2. Name: _____ Class: _____

3. Name: _____ Class: _____

6. Any other information you feel we should know

Parent's signature: _____

Date: _____

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AUTHORISATION FOR MEDICAL TREATMENT

I, _____

parent of _____

Class _____

understand that:

Occasionally accidents occur and a pupil may need medical treatment. Occasionally hospitals, clinics or other similar facilities as well as doctors, nurses or medics or other medical personnel may rely on a decision or authorisation before treating a student.

For the duration of the visit, I authorize and empower the Visit Leader or any of the chaperones to make any and all decisions concerning the medical and/or surgical care for my child, on occasions where immediate telephone contact is unavailable.

Signature of Parent/Guardian: _____ Date: _____

I am aware of the itinerary and the travel needs and agree to ensure my child is picked up promptly. The Visit Leader will be notified before my child leaves the group.

I understand that although every precaution will of course be taken and safety is always our utmost concern, Gulf English School Cairo, cannot be responsible for any accident resulting in injury or unforeseeable misfortune that may occur during this trip.

My child is aware that a good behavior and academic record is a requirement for this visit and that any misbehavior or disobedience during this visit may mean exclusion from representing GES Cairo on future visits.

Signature of Parent/Guardian: _____ Date: _____

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