**Year 10 Iceland Visit 2017**

Please could you provide the following information required by the travel company. Most of this should be on the inside back cover of the Passport, please also include any applicable information regarding dietary/ medical needs.

**LAST NAME:**

**FIRST NAME:**

**MIDDLE NAME:**

**TYPE OF DOCUMENT (e.g. UK PASSPORT):**

**PASSPORT NUMBER:**

**NATIONALITY:**

**ISSUING COUNTRY CODE E.G. GBR:**

**DATE OF BIRTH:**

**EXPIRY DATE OF PASSPORT:
ISSUE DATE OF PASSPORT:**

**CITIZENSHIP:**

**EPIPEN CARRIER (yes or no):**

**DIETARY REQUIREMENTS (for example vegetarian, kosher, gluten intolerant, nut allergy etc.):**

With the updated document attached and renamed with your child’s name, please send this to gmerry@kingedwardvi-lichfield.staffs.sch.uk

Please note that you can only attach files from the student email accounts in an Internet Explorer browser, not Google Chrome etc. If you have a problem emailing from their account, please feel free to email from an alternative address with the name of your child in the subject box.

Many thanks,

Miss G Merry