

# KING DAVID SCHOOLS

Financial Administration Dept., The Administration Office  
Eaton Road, Manchester M8 5DY  
Telephone: 0161-740 3181 Fax: 0161-741 5081  
E-mail: davidrosekds@aol.com

02 July 2012

Dear Year 8 Parents/Guardians

Re: **King David Year 9 Israel Educational Tour May 2013**

Following the great success of this year's Israel trip, we are delighted to invite your child to participate in our annual Israel trip which will take place from Sunday 19 May to Thursday 30 May 2013

## **Parents meeting.**

We fully appreciate that as parents you may have many questions and concerns. Furthermore there is a fair amount of paper work involved (more so from our side), and so you are invited to the first **Yr 9 Israel 2013 meeting to be held in the High School Hall on Wednesday 11<sup>th</sup> July - 7 pm.** ( parking on top pitch ). This meeting is for **parents/guardians only.** Pupils will have their own meeting at the beginning of next term.

## **Tour Highlights.**

The trip will reflect the programme of learning in Jewish History that Year 9 students will follow. The theme of the tour will be 'Our Roots'. Among the many other activities planned will be visits to Tel Aviv, Jerusalem, Tiberias, Massada, Dead Sea and Ein Gedi, as well as a full Shabbat programme.

## **Cost.**

The inclusive cost of the trip is £1260. This price reflects our best estimate of the 2013 transportation and land costs. We enclose a standing order form to assist parents who wish to spread their payments over the year.

## **Bursaries.**

We have been fortunate in securing a limited number of bursaries, underwritten by the UJIA. The UJIA have insisted that all applications for a bursary should be made on their bursary application form and only if the form is complete and returned by 31 October 2012 will it be considered.

**Online Registration.**

All necessary medical, personal details are to be entered online using the web site provided by the UJIA. The UJIA have also insisted that all online registration forms must be complete and that all participants must have a signed doctor's note.

You may discuss this or any other financial matter concerning the trip, in strictest confidence with Mr David Rose, Campus Bursar.

All our Israel trips have proven to be highly successful and popular and usually sell out within days of parents receiving this letter. We have reserved **eighty** places for the tour.

**If you wish your child to participate on the tour, please return the enclosed pre-registration form which should be completed, signed and returned to the School's Campus Bursar's Office marked for the attention of Mr D Rose. Please find enclosed a standing order form and a credit card form if you wish to pay by this method.**

Please ensure that your email address is **LEGIBLE** as the principal email address selected will be used in all communications for the tour. Your child's name should be the one as used on his/her passport.

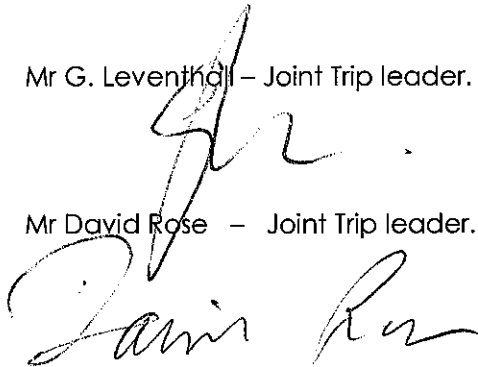
**Behaviour.**

The School, as always, **reserves the right to refuse an application at any time**, for those pupils whose behaviour and discipline record is not satisfactory. This may affect the non-return of deposits etc.

Yours sincerely,

Mr G. Leventhal – Joint Trip leader.

Mr David Rose – Joint Trip leader. (Campus Bursar).

The image shows two handwritten signatures in black ink. The first signature is for Mr G. Leventhal, which is a stylized, cursive 'G'. The second signature is for Mr David Rose, which is a more fluid, cursive signature.



**KING DAVID SCHOOLS YEAR 9**  
**ISRAEL MAY 2013 Pre-application form**

**FIRST NAME** .....

**LAST NAME** .....  
(Names should be as on Passport)

**ADDRESS** .....  
.....  
.....

**POSTCODE** .....

**DATE OF BIRTH** .....

**HOME TELEPHONE** .....

**APPLICANTS MOBILE NUMBER** .....

**APPLICANTS EMAIL** .....

**\*FATHERS MOBILE NUMBER** .....

**\*MOTHERS MOBILE NUMBER** .....

**\*FATHERS EMAIL** .....

**\*MOTHERS EMAIL** .....

\* Please indicate which mobile number and email address should be used as the primary contact.

**SYNAGOGUE** .....

**DO YOU WISH TO APPLY FOR FINANCIAL ASSISTANCE?**  
If required answer 'yes' .....

**SIGNED BY** .....  
**PARENT/GUARDIAN** .....

**NAME OF PERSON SIGNING**.....  
**DATE** .....

Any queries regarding the form please email: davidrosekds@aol.com

# KING DAVID SCHOOLS

## Credit/Debit Card Payments Form.

Fax: 0161 741 5081

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

**Please pay King David Schools**

£ \_\_\_\_\_ : \_\_\_\_\_

In words: \_\_\_\_\_ and \_\_\_\_\_ pence.

- Please debit my credit/debit card (details below)
- Please send me a Standing Order form (also payable by credit/debit card).

**Method of Payment** (please tick one of the boxes below):

Visa     Mastercard     Maestro/(Switch)     Solo     Electron

Card Number \_\_\_\_\_

Card Expiry Date \_\_\_\_/\_\_\_\_

(Maestro only : Card Issue No. \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_ )

Cardholder's name \_\_\_\_\_

Contacts: Telephone / E - mail : \_\_\_\_\_

Signature..... Date.....

CHILDS NAME .....

**KING DAVID SCHOOLS**

Financial Administration Dept. Eaton Road, Manchester M8 5DY

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**BANKER'S ORDER FORM: ADMINISTRATION CONTRIBUTIONS**

**Please return this form to the school immediately**

**Do NOT send it directly to your bank**

To: **The Manager**

\_\_\_\_\_ (Bank Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please make the payment below and debit my/our account accordingly.

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Credit: King David Schools **ADMINISTRATION** Account (No. 65034260) at: -  
The Co-operative Bank, P.O. Box 101, 1 Balloon Street, Manchester. M60 4EP. Sort  
Code 08-90-00.

Amount: **£ 105.00** \_\_\_\_\_ in words: **ONE HUNDRED FIVE POUNDS ONLY**

Quoting Parental Reference Number and Surname: **ISR**

Payments to be made on the 15<sup>th</sup> day of each month from: 25/07/12 until 25/06/13 inclusive

Debit: Account title \_\_\_\_\_

Account Number \_\_\_\_\_

Sort Code \_\_\_\_\_

Signed (1) \_\_\_\_\_

(2) \_\_\_\_\_

Dated: \_\_\_\_\_

---

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Post code \_\_\_\_\_ Tel: \_\_\_\_\_

Name(s) of child/ren

1. \_\_\_\_\_ 2. \_\_\_\_\_

U.K. Charity No. 526631

**BANKER'S ORDER FORM: ISRAEL TRIP**

**Please return this form to the school immediately**

**Do NOT send it directly to your bank**