



Heene Church of England (Aided) Primary School

SCHOOL TRIP CONSENT FORM

RETURN TO OFFICE/CLASS TEACHER AS SOON AS POSSIBLE
FRIDAY 23rd FEBRUARY AT THE LATEST

Trip: AMBERLEY MUSEUM, YEAR 2	Date: THURSDAY 8 TH MARCH 2018
I/we give permission for:	
Class _____ to participate in the above-named trip	
I enclose a voluntary contribution of £13.00 []	
My child has previously received free school meals or is a Services or Looked After child []	
I will provide my child with a packed lunch []	
My child would like a school packed lunch []	
No special dietary requirements []	
Special dietary requirements e.g. Vegan, Lactose Intolerant []	
Please specify _____	
We do need parent/carer volunteers for this trip. If you can help please will you give your details and we will contact you. Thank you.	
I would like to offer my time to support my child's class on this visit []	
Relationship to child:	
Name:	Please contact me on:
Please provide an emergency contact number:	
Signed:	Date: