

Heene Church of England (Aided) Primary School

SCHOOL TRIP CONSENT FORM

RETURN TO OFFICE/CLASS TEACHER AS SOON AS POSSIBLE WEDNESDAY 10th JANUARY AT THE LATEST

| Trip: Chichester Cathedral, Year 5 | Date: FRIDAY 19 TH JANUAR | Y 2018 |
|--|--------------------------------------|--------|
| I/we give permission for: | | |
| Class: to participate in the above-named trip | | |
| PLEASE TICK ALL THAT APPLY: | | |
| I enclose a voluntary contribution of £6.00 | | [] |
| My child is currently in receipt of free school meals (CHARTWELLS to provide a packed lunch) [] | | [] |
| My child is currently in receipt of free school meals (I will provide a packed lunch) | | [] |
| My child has <u>previously</u> received free school meals or is a Services [] or Looked After child | | |
| PLEASE SIGN TO GIVE CONSENT: | | |
| I consent to any emergency medical treatment necessary during the course of the visit | | |
| Please provide an emergency contact number: | | |
| Signed: | Date: | |