



Heene Church of England (Aided) Primary School

## SCHOOL TRIP CONSENT FORM

RETURN TO OFFICE/CLASS TEACHER AS SOON AS POSSIBLE  
MONDAY 5<sup>TH</sup> MARCH AT THE LATEST

<b>Trip: FISHBOURNE PALACE, Year 4</b>	<b>Date: MONDAY 12<sup>TH</sup> March 2018</b>
I/we give permission for:	
Class: _____ to participate in the above-named trip	
<b>PLEASE TICK ALL THAT APPLY:</b>	
I enclose a voluntary contribution of £12.00	[ ]
My child has previously received free school meals or is a Services or Looked After child	[ ]
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)	[ ]
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.	[ ]
<b>PLEASE SIGN TO GIVE CONSENT:</b>	
I consent to any emergency medical treatment necessary during the course of the visit	
Please provide an emergency contact number:	
Signed: _____	Date: _____