



Your child's class will be attending a field trip to:

|                                      |  |               |
|--------------------------------------|--|---------------|
| <b>Date:</b>                         |  | <b>Class:</b> |
| <b>Time of Departure from School</b> |  |               |

|  |          |
|--|----------|
| <b>Total Amount Payable to School:</b> | <b>£</b> |
|--|----------|

(Comprising of Admission Fee: £ , and Transport: £ .)

**Please note your child will not be able to go on this trip unless we receive the signed slip below.**

**Please note that on this visit it will / will not be necessary for you to provide a packed lunch for your child.**

**Please return the permission slip below to the Class teacher by: \_\_\_\_\_**



I give permission for my child, \_\_\_\_\_, in class \_\_\_\_\_, to attend the field trip to \_\_\_\_\_ on \_\_\_\_\_ (Under arrangements to be made by the school).

I enclose £ \_\_\_\_\_ to cover the cost of the trip. (Exact cash or cheque made payable to Beaver Road Primary School.). **Please note this is a voluntary contribution, however if sufficient voluntary funds are not received then this activity will not take place. In the case of pupils whose parents feel they are unable to contribute please contact the Headteacher.**

*If your child is entitled to Free School Meals payment for this trip is not necessary, however documentation will need to be seen.*

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

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

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Guardian Signature)

**Any medical conditions we need to be made aware of.**



If you can volunteer to help on the day, please tick the box