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SHARMANS CROSS JUNIOR SCHOOL

EDUCATIONAL VISIT - FORM OF CONSENT

(This form is to be completed by the parent of any child engaged in an educational visit outside the district of the school, i.e. more than 30 miles from the school)

I give my consent to.....  
(child's full name)

Date of Birth: .....

attending an educational visit to York, during the period Wednesday 12<sup>th</sup> March to Friday 14<sup>th</sup> March (inclusive).

I have noted the place and time the pupils are to be released and I understand that I am responsible for my child getting home safely.

Your child will generally be expected to sleep in a bedroom with the lights out and the door closed.

Signed: ..... Name:.....

Relationship: Father/Mother/Guardian

Address: .....  
.....  
.....

Date: .....

**Please return by Friday 7<sup>th</sup> February 2014**

PTO