

ST MARY'S CE(C) FIRST SCHOOL

MARSTON ROAD, WHEATON ASTON, STAFFORD ST19 9PQ

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2nd February 2017

Wolgarston Dance Show 2nd and 7th March - PARENTAL CONSENT FOR A SCHOOL VISIT

Student Name Year.....

1) Visit Details

Visit to Wolgarston High School Dance Festival on Thursday 2nd March for Rehearsal & Tuesday 7th March for Morning Performance.

2) Medical Details

My son / daughter has the following medical or special needs

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3) Insurance

I understand the limits of insurance provided for this visit.

4) Transport

I understand the transport arrangements for this visit and my son / daughter understands the need to wear a seatbelt (if applicable). I will be responsible for the transport of my child to and from the pickup point, if required.

6) Payment Nil.

7) Photographs

Photographs taken on the visit may be used in school, school publications (including the website) or education service promotional information. If you object to this then you will need to withdraw your child from the performance.

I agree to the above named student attending the visit as detailed above. I acknowledge that in order to be included, he/she will need to maintain good attendance and responsible behaviour.

Name of Person with Parental Responsibility (please print)

Signature of Person with Parental Responsibility

Telephone Number in case of Emergency

Date

FOR OFFICE USE ONLY

Parental consent and payment (where applicable) received:
(date stamp)

(date stamp) Payment by Cash Cheque. Name of
Drawer.....