



Compton All Saints C of E Primary School



Generic Trip/Event Permission Slip

Please complete all the details in this section:

CHILD'S NAME _____

CHILD'S CLASS _____ CHILD'S YEAR GROUP _____

CHILD'S TEACHER _____

TRIP/VISIT DESTINATION _____

DATE OF TRIP/VISIT/EVENT _____

Please complete where applicable in section:

- I enclose a voluntary contribution of £_____ to cover the cost of the visit and travel expenses. **YES/NO**

(PLEASE MAKE CHEQUES PAYABLE TO: Compton Primary School)

- I have paid via the on-line payment option. **YES/NO**
- I am able to help with this trip/visit. I have a school DBS certificate and all other checks have been completed. **YES/NO**
- I can help with transport to the event **YES/NO**
- I can help with transport from the event **YES/NO**
- I can help with transport both ways **YES/NO**

I/WE GIVE PERMISSION FOR OUR CHILD TO TAKE PART IN THE TRIP/VISIT/EVENT AS DETAILED ABOVE. **YES /NO**

PARENT/CARER:

Print Name: _____

Signature: _____

Date: _____