

YEAR 9 CURRICULUM ENRICHMENT WEEK 2017 SCHOOL- BASED ACTIVITIES OPTION FORM

Please return this form together with the appropriate voluntary contribution to the box outside the Finance Office marked 'Year 9 Curriculum Enrichment Week' by **Monday March 27th**.

Name.....

Form.....

Day	Activity Choice	Reserve Choice 1	Reserve Choice 2	Additional Cost
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Additional Costs (where applicable)				£ _____ +
			Contribution	£5 =
			Total Contribution	£ _____

Please check:

- that you have specified reserve choices.

I give permission for my child to participate in the Curriculum Enrichment Programme from Monday 3rd July – Friday 7th July.

I am/am not* prepared to make the contribution requested and enclose £ _____ **(£5 plus any additional costs for trips out of school)**

Please note that due to the complex nature of the school-based programme it is not possible to pay for these activities using the online payment system. Payment can be made by cheque (payable to Beaumont School) or by cash.

I agree to his/her taking part in the activities described. I also consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of the week. I understand that for the school's insurance policy to cover any pre-existing medical condition, I must provide a letter from my GP stating my son/daughter is fit to participate.

Emergency contact/medical details. Please tick either box A or B.

- A I confirm that all details held by the school on the gold form concerning emergency contact telephone numbers and/or medical conditions affecting my son/daughter are correct, or that I have already notified the school of any changes.
- B Please note the following change(s) to the above details, which is/are
 for this visit only permanent.

Signed..... Father/Mother/Legal Guardian Date