YEAR 9 CURRICULUM ENRICHMENT WEEK
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 **Wednesday 14th October**

Name…… **Form……**

Choices in order of preference	Half or Full Day	Additional Cost
Total Additional Costs (where applicable)		£_____ +
Contribution		£15 =
Total Contribution		**£**_____

Reserve Choices	Half or Full Day	Additional Cost (please do not include)

Please check:

- that you have the correct number of full and half days.
- if any of the activities are on set days and if there are clashes of days.
- that you have specified reserve choices.

I give permission for my child to participate in the Curriculum Enrichment Programme from 14-18 June 2010.

I am/am not* prepared to make the contribution requested and enclose £_____ **(£15 plus any additional costs for trips out of school)**

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 ……