

CONFIRMATION FORM

Y4 CASTLETON RESIDENTIAL VISIT

23rd March – 25th March 2020

Please return Confirmation and Medical form by Monday 20th January 2020

Balance to be paid by Friday 6th March 2020

Child's name Child's class

- ☐ I confirm that I would like my child to take part in the Y4 residential visit to Castleton on 23rd March – 25th March 2020.
- ☐ I agree to pay the balance owed for the trip by Friday 6th March 2020.

You will need to use Squid as the means of payment for the residential; If there are difficulties in paying this amount please speak to Mr Watson/ Mr. Beauchamp. This will be treated in the strictest confidence.

- ☐ I enclose the medical form.
- ☐ I agree to reinforce with my child the need for good behaviour and I understand that, if necessary, I will be expected to collect or arrange the collection of the early return of my child if his/her conduct puts themselves or others at risk.
- ☐ I understand that the opportunity to be involved in this trip will be withdrawn if prior to the visit unacceptable behaviour is demonstrated at school and deemed to create a risk to the safety of any other children.

Signed (parent / guardian)