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St John's
C.E. Primary School



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General Permission Slip

Child's Name		
Child's Class		
Name of trip/sporting fixture		
Date of trip/sporting fixture		
Payment Due	YES/NO*	
If YES, state how much is enclosed	£	
I DO/DO NOT* give permission for my child to attend the above trip/fixture and, if applicable, travel in a staff/parent car:		
Parent/carer signature		
Contact telephone number		
Please complete the following if the trip/fixture finishes outside normal school hours:		
My child will be collected from school at the end of the trip/fixture as usual	YES/NO*	
My child has permission to walk home (Y5/Y6 ONLY)	YES/NO*	
My child will be collected by another adult as follows:		
Name of adult:		
Contact number:		

** Please delete as applicable*