

17 May 2017

Dear Parent/Carer

**PLACE AND DATE OF VISIT**

We are pleased to be able to offer your child the opportunity to participate in the educational activity outlined below. Please complete the permission slip and return it as detailed. If you have any further questions please do not hesitate to contact your child's class teacher.

Yours sincerely

Ms. A.M Conboy  
Headteacher

**EDUCATIONAL VISIT/SPORTING EVENT**

Visit Name and location	Enabling Enterprise RSA Manchester 17 York Street M2 3GR
Date and Time	Wednesday 24 <sup>th</sup> May 2017 9.30am – 2.30pm
Lead Staff Member	Mrs Killeen
Transport	Coach
Cost	None
Other essential information	All children are required to wear school uniform on the day. Lunch will be provided for the children on this visit.

Reply slips should be returned to the class teacher by **Friday 19<sup>th</sup> May**.

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Permission Slip: on **Wednesday 24<sup>th</sup> May 2017**

I would like my child \_\_\_\_\_ Class \_\_\_\_\_ to visit **Enabling Enterprise RSA**

I am/am not happy for my child's photograph to be used by Enabling Enterprise

Parent/Carer Signature \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Emergency Contact Numbers 1) \_\_\_\_\_

2) \_\_\_\_\_

17<sup>th</sup> May 2017

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**PLACE AND DATE OF VISIT**

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Yours sincerely

Ms. A.M Conboy  
Headteacher

**EDUCATIONAL VISIT/SPORTING EVENT**

Visit Name and location	Enabling Enterprise Addleshaw Goddard Manchester
Date and Time	Tuesday 6 <sup>th</sup> June 2017 9.30am – 2.30pm
Lead Staff Member	Mrs Killeen
Transport	Coach
Cost	
Other essential information	All children are required to wear school uniform on the day. Lunch will be provided for the children on this visit.

Reply slips should be returned to the class teacher by

✂-----

Permission Slip: on  
I would like my child \_\_\_\_\_ Class \_\_\_\_\_ to visit Enabling Enterprise Addleshaw  
Goddard Manchester

Parent/Carer Signature \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Emergency Contact Numbers 1) \_\_\_\_\_

2) \_\_\_\_\_