

**YEAR 6 VISITS TO FAIRFIELD HIGH SCHOOL**

My child..... ( **Name** ) from ..... ( **School** )

has permission from the school and **will** be able to take part in the visits to Fairfield High School on:

**Thursday, 28 June \***

**Thursday, 5 July\***

**Friday 13 July \***

\*Please delete any dates that your child will **not** be able to attend.

Signed: ..... (parent/carer)                      Date:.....

Please print name of parent or carer: .....

**Contact telephone number(s) in case of emergency:**.....

**Please tell us any important medical information e.g. allergies etc.**

.....  
.....  
.....  
.....

**MEETING FOR PARENTS / CARERS OF YEAR 6 STUDENTS**

I / We will attend the meeting on **Thursday 28 June from 5pm to 6.30pm.**

Number attending: .....

**OR**

I / We regret we are unable to attend the meeting on **Thursday 28 June.**

\*Please complete or delete as appropriate.

Signed: .....                      Date: .....