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, 29th June * **Thursday, 6th July*** **Friday 14th 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 29th June from 6pm to 7pm.**

Number attending: ……*

OR

I / We regret we are unable to attend the meeting on **Thursday 29th June.**

***Please complete or delete as appropriate.

Signed: ……. Date: ……..