

Parental Consent Form

Lockwell Hill Centre – Wednesday 4 September 2019 (Year 7)

Student Name_____

FORM:_____

I give consent for my child to visit the Lockwell Hill Activity Centre on Wednesday 4 September. I know that students will travel to and from the venue by bus and that my child will be accompanied by members of staff throughout the day.

I know that my child is required to dress appropriately for the conditions and that s/he will need to travel to and from school as normal on Thursday 5 September. I also acknowledge that I am required to provide my child with a packed lunch.

Activities included:

Archery Plank walking / Bridge Building Assault Course TORCH / Team Building Games

Emergency Contact Number:

Signature: _____

Date: _____

 The Suthers School | The Banks, Bingham, Nottingham NG13 8BL (temporary accommodation)

 Telephone: 01636 957690 | Email: contact@suthersschool.co.uk | Website: www.suthersschool.co.uk

 Executive Head Teacher: Ashfaq Rahman BSc(Hons), PGDip, PGCE, NPQH, NLE | Head of School: Andrew Pettit BA (Hons), PGCE

