

# Form of Application

for permission to arrange educational day excursions and visits

PLEASE USE BLACK INK AND BLOCK LETTERS

Name of Establishment			
Day and date of proposed outing			
Locations to be visited			
<b>NUMBER PARTICIPATING</b>	<u>Male</u>	<u>Female</u>	Mode of travel
a. Pupils	_____	_____	
b. Supervising Staff	<input type="text"/>	<input type="text"/>	
c. Other Adults	<input type="text"/>	<input type="text"/>	
Name and address of travel company			
Brief details of the educational aspects of the outing			
Please state the names, addresses and specific responsibilities of all persons other than pupils and staff of the establishment who, it is proposed, should be allowed to participate in the outing			

Signature \_\_\_\_\_ Date \_\_\_\_\_

Designation \_\_\_\_\_

PLEASE RETURN COMPLETED FORM IN DUPLICATE TO THE HEAD OF ESTABLISHMENT

Permission is granted/not granted for the educational excursion as detailed above

Signature \_\_\_\_\_ Head of Establishment Date \_\_\_\_\_

