TRIPS AND VISITS PERMISSION FORM

If you would like your child to be considered for a place on this trip, please pay the deposit requested using the online payment system by the deadline stated below.

Please also sign the reply slip and return it to the Finance Office by this date.

Destination:		Ski Trip to Livigno, Italy 2025						
Date:		Leaving on:			Returning on:	11th/12th/13th April 2025		
Organiser: Cost of Trip		Dr T Watts £ 1,540						
								Pa
	Dat	 }		Amount Date		Amount		
		26/11/2023		£110	26/06/2024		£110	
		26/12/2023		£110		26/07/2024 £1		
		26/01/2024 26/02/2024 26/03/2024			£110 26/08/2024 £110 26/09/2024 £110 26/10/2024		£110 £110 £110	
				£110				
				£110				
		26/04/2024		£110		26/11/2024		
		26/05/202	4	£110				
 3. 4. 5. 7. 	participate in this trip. Should your child take up a place on this trip, this will be taken as a firm commitment. If a student withdraws from it at a later date, a refund of monies already paid can only be given if cancellation is covered by the terms of the insurance. Your child's place on the trip may be at risk if the payment schedule set out above is not adhered to. The full balance must be paid in full by the final date specified in the schedule. Failure to do so will result in a student being unable to travel The cost of the trip does not include pocket money or the cost of a passport (required).							
By t	the deadline shown above						this	
	asis I give permissi the SKI TRIP to LIV	•				orm	to take part	
_	ned: rent/Carer)		Date:					

Print name:

Contact no.: