

Permission for Planned Trip

Please read the following form carefully, and complete the areas highlighted in blue.

Once you have completed the form, return a signed copy to your son/daughter's Team Leader at SGS Berkeley Green UTC or email: office@berkeleygreenutc.org.uk by:

Tuesday, 17th July 2018

Please also keep a copy for your records

Return to:

SGS Berkeley Green UTC
Gloucestershire Science and
Technology Park
Berkeley
Gloucestershire
GL13 9FB

Trip Details

We are planning a trip to **Stroud Bowl** on **Thursday 19th July, 2018**

The trip will provide the opportunity for your son/daughter to participate in a couple of games of tenpin bowling at Stroud Bowl as part of an Activity Day.

Student name: _____ Student Tutor Group: _____

Parent/Guardian Telephone No. _____ Email: _____

Please select below whether you would prefer to pay cash or bank transfer, the payment of £15.00 must be received by **Tuesday, 17th July 2018** to contribute towards the cost of the bowling, transport and lunch.

I enclose a voluntary contribution in cash of £ _____ I have made an online bank transfer payment of £ _____

Bank Transfer Details

To set up a standing order with your bank, or pay via bank transfer (BACS), please use the following details:

Account Name: SGS Academy Trust **Sort code:** 30 62 96 **Account Number:** 83514268

Payment Reference: (Student initials & Arbor ID number) – (Arbor ID number is the printed on student card, if you are unsure please contact us).

Please contact your bank for advice on making BACS payments, or arranging standing orders if you do not have access to online banking.

Your signature

I understand and agree that once I have made the voluntary contribution, that the UTC may not be able to refund any payment should I withdraw my child from the trip. The UTC relies on the voluntary contribution to make the trip viable. I understand it is my responsibility to ensure any medical information is submitted to the school prior to the trip.

Any recent medical concerns that were not stipulated previously Yes /No If Yes please state: _____ If Yes please state below:

Any dietary requirements Yes /No If Yes please state: _____

Parent/Guardian/Next of Kin signature: _____ Date: _____