

# Oaklands Junior School



Headteacher  
Mrs H West

## VISIT TO OSMINGTON BAY Monday 17<sup>th</sup> September to Friday 21<sup>st</sup> September 2018

I should like my child..... Class.....  
to participate in the visit Osmington Bay in September 2018.

1. I am willing to pay the full price of £335.00.
2. I undertake to inform the school of any medical conditions from which my child suffers. I agree to give my written permission for staff to arrange medical treatment for my child. I will inform the school of any significant condition which might affect my child's safety or performance or require special arrangements to be made.
3. I will ensure that my child understands, as far as is reasonably possible, that it is important for his/her safety and the group as a whole that any rules and instructions given by the staff in charge are obeyed and that an excellent standard of behaviour is expected.

Signed \_\_\_\_\_ (Parent / Guardian) Date \_\_\_\_\_

**THIS FORM MUST BE RETURNED BY FRIDAY 11<sup>TH</sup> MAY**



**WOKINGHAM**  
BOROUGH COUNCIL



Butler Road, Crowthorne, Berkshire RG45 6QZ ☎ Tel: 01344-773496 📄  
Fax: 01344-750604