|  |  |
| --- | --- |
| **Date of Visit:** |  |
| **Time of Arrival: (earliest 10am)** |  | **Time of Departure: (latest 2pm)** |  |
| **School:** |  |
| **Leading Teacher:** |  |
| **School Address:** |  |
| **Postcode:** |  | **Email:** |  |
| **Tel no:** |  | **Number of pupils:** |  |
| **Number of adults:** |  | **Year Group:** |  | **Key Stage:** |  |
| **Number of 1:1 adults for SEN:** |  | **Do you require coach parking?** |  |

***Please include details of SEN pupils.***

|  |  |
| --- | --- |
| **Session Day Required** | **Curriculum aims / Current Project** |
|  |  |

How did you hear about our school sessions?

Booking will be confirmed and an invoice for the event sent on receipt of this

form.

***For office use only:***

