Thursday 6/10/2022

Dear Parent/Guardian,

An Outdoor Pursuits Trip to Kartworld, Watergrasshill has been organised for Transition Year Students on Friday 11th of November due to a company request to reschedule our date. The students will get the opportunity to go Paint balling and Go karting. Each student is required to bring a packed lunch, old clothes, comfortable old shoes/runners, a spare change of clothes to change in to after the activities. **The Bus will leave Skibbereen Community School at 8:00am sharp for Kartworld, Watergrasshill and return to Skibbereen Community School at 5:15 approx.**

Since these are School trips, the students will be required to follow the teachers’ instructions and Event organisers at all times and abide by the School’s Code of Behaviour.

It is important to note if your son/daughter has any medical condition e.g., Asthma, Diabetes etc. which we should know about for the trip, we would appreciate if you would write it on the Permission Slip below. If this is the case, please ensure that they have their necessary medication with them for the trip.

**Please Note**: No Students will be allowed to depart the bus on the return Journey at any time, other than Skibbereen, unless the student is being collected by a parent/guardian by prior arrangement.

Cost of Trips: Kartworld, Watergrasshill €61. Deposit in school €10, Balance Due €51

**Please return the completed form and €51 to Ms Burchill or the school office by Monday 31st of October 2022. Please retain the top part of the form for your records**

**Yours Sincerely,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ms Burchill Mr Levis**

**Transition Year Coordinator Year Head**

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 **Permission Slip**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Student name) to attend an Outdoor Pursuits trip on Thursday 15th of September 2022.**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Mobile no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Condition (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Mobile no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**