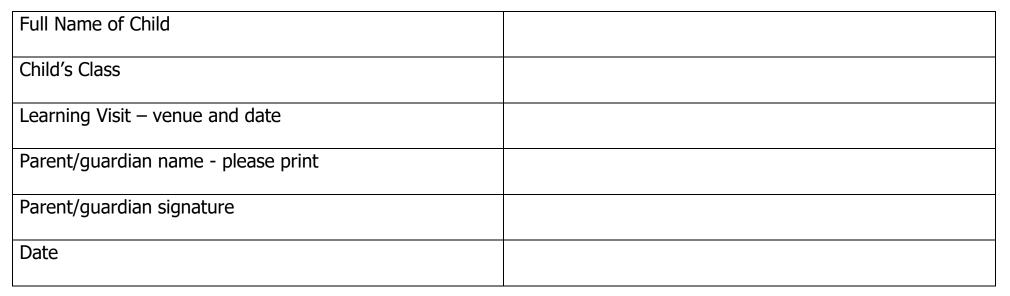
TELFORD INFANT SCHOOL LEARNING VISIT – CONSENT SLIP



TELFORD INFANT SCHOOL LEARNING VISIT – CONSENT SLIP

Full Name of Child	
Child's Class	
Learning Visit – venue and date	
Parent/guardian name - please print	
Parent/guardian signature	
Date	



