**PLEASE RETURN TO THE MAIN OFFICE FOR THE ATTENTION OF**

**MRS DAWN ROSE BY MONDAY 3rd JUNE 2024**

**RETURN BY POST TO HIGH STORRS SCHOOL OR BY EMAIL**

**(hssenquiries@highstorrs-mlt.co.uk)**

I give permission for my child to attend Summer School from Monday 12th August to Friday 16th August 2024.

As the school funds this week, we ask for a nominal fee of **£150 per student**. Please note that this cost will be covered for children receiving Free School Meals or who are in receipt of Pupil Premium funding.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Pupil:** | **Current School:** | | |
| **Name of Parent(s)/Carer(s):** | **Telephone:**  **Mobile:** | | |
| **Emergency Contact Details**  **(someone who can be contacted during Summer School, if necessary):**  **CONTACT 1 NAME & RELATIONSHIP TO CHILD:**  **.....................................................................................................................................**  **CONTACT 1 TELEPHONE NUMBER(S):**  **.....................................................................................................................................**  **CONTACT 1 EMAIL ADDRESS:**  **.....................................................................................................................................**  **CONTACT 2 NAME & RELATIONSHIP TO CHILD:**  **.....................................................................................................................................**  **CONTACT 2 TELEPHONE NUMBER(S):**  **.....................................................................................................................................**  **CONTACT 2 EMAIL ADDRESS:**  **.....................................................................................................................................** | | | |
| **My child is in receipt of free school meals or eligible for Pupil Premium funding.**  **(*please circle as appropriate)*** | | **Yes** | **No** |
| **Please advise of any relevant medical, educational or physical issues:** | | | |

Signed (Parent/Carer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_