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For latest information from SCE please visit:

<https://www.gov.uk/government/collections/service-childrens-education>.

## OUT-OF-SCHOOL VISITS FORM

### VISIT ORGANISED BY

Signature

Name in BLOCK capitals

Position

Date approval requested

Date approval granted

### NUMBER OF PUPILS ON VISIT

Male

Female

Classes or groups involved

### ACCOMPANYING STAFF

Name

Position

Name

Position

Name

Position

### OBJECTIVE OF VISIT

### PLACE(S) TO BE VISITED

### DEPARTURE AND RETURN

Departure date

Departure time

Return date

Return time

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#### TRANSPORTREQUIREMENTS

Is transport required?

Yes  No

If yes, specify requirements

Signed

Date

#### OVERNIGHT STAY

Will the visit involve an overnight stay?

Yes  No

If yes, fill in and attach form *Accommodation for Out-of-School Visits*

Form completed satisfactorily?

Yes  No

Signed

Date

#### OUTSIDE AGENCIES

Will an outside agency or holiday or travel firm be involved?

Yes  No

If yes, fill in and attach form *Firm Selection*

Form completed satisfactorily?

Yes  No

Signed

Date

#### INSURANCE

Will insurance be required?

Yes  No

If yes, fill in and attach form *Insurance for Out-of-School Visits*

Form completed satisfactorily?

Yes  No

Signed

Date

#### OUTDOOR ACTIVITIES

Will any outdoor activities take place?

Yes  No

If yes, fill in and attach form *Outdoor Activity Centre Safety Systems*

Form completed satisfactorily?

Yes  No

Signed

Date

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#### PARENTS WITH GROUP AND OTHER EXTRA HELPERS

Name

Name

Name

Name

Name

#### HOME CONTACT PERSON

Name

Address

Daytime telephone number

Night-time telephone number

Other telephone numbers

#### PARENTAL CONSENT AND MEDICAL CONDITION FORMS

All consent forms and medical questionnaires completed, signed and returned?

Yes  No

Have arrangements been made to handle any medical condition?

Yes  No

Are all details relating to pupils and their medical conditions attached?

Yes  No

#### DISABLED PUPILS

Name

Disability

Name

Disability

Name

Disability

Name

Disability

Does the site to be visited have facilities for disabled people?

Yes  No

Have arrangements been made at all stages of the visit for the above mentioned pupils?

Yes  No

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**LOCAL AUTHORITY PROCEDURES**

Have all school and local authority procedures been complied with?

Yes  No

**Finance**

Are full details of all finances and information on all payments with accompanying receipts attached?

Yes  No

**In-School Catering**

Are full details of any changes to the normal provision of school lunches attached?

Yes  No

**TO THE OUT-OF-SCHOOL VISITS CO-ORDINATOR**

I request approval for the proposed visit, the full details of which are outlined above.

Name

Signature

Date

**FORM CHECKED AND COPY RETAINED BY THE OUT-OF-SCHOOL VISITS CO-ORDINATOR**

Approval is given for the proposed out-of-school visit.

Please ensure I have a detailed itinerary and a final list of pupils attending seven days before the party is due to leave.

Please submit a report and evaluation of the visit, including details of any incidents, as soon as possible on return but not later than two weeks thereafter.

Name

Signature

Date