



Child's Name _____ Class _____

Trip to: _____

I give permission for my child to attend the above trip ()

Please tick below where appropriate (if applicable).

- I have paid for this trip on ParentPay ()
- I require a barcoded letter in order to pay at a PayPoint store ()
- My child is in receipt of Free School Meals ()

Signed (print if emailed) _____ Date _____

Reply slips may be emailed to office@meriden.solihull.sch.uk