

\_\_\_\_\_, \_\_\_\_\_, 200\_\_

The Department of \_\_\_\_\_ proposes the following extra-curricular activity.

- Name and content of the activity:
- Place where the activity will be taking place:
- Participating Years and Classes:
- Date:
- Cost of the activity: \_\_\_\_\_ €
- Means of Transport:
- Departure Time and Place:
- Accommodation, Address, Telephone Number:
- Expected Time and Place of arrival:
- Accompanying Teachers:

#### COMMENTS

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(NOTE: Please fill in this form, cut along the dotted line and return as soon as possible)

Mr/Mrs \_\_\_\_\_

Passport /NIE number: \_\_\_\_\_

Father/Mother/Tutor of pupil \_\_\_\_\_

Of Class \_\_\_\_\_

- Authorise their son/daughter to participate in the above activity.
- Do not authorise their son/daughter to take part in the above activity. In this case the pupil must attend school during the normal class hours.

Signed: